

2018 JRP FOR ROHINGYA HUMANITARIAN CRISIS

MARCH - DECEMBER 2018



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This document is produced on behalf of the Strategic Executive Group and partners.

This document provides the Strategic Executive Group's shared understanding of the crisis, including the most pressing humanitarian needs and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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FOREWORD BY CO-CHAIRS (STRATEGIC EXECUTIVE GROUP)

Since 25 August 2017, more than 671,000 Rohingya refugees have fled Myanmar and sought safety in Cox's Bazar. The people and the Government of Bangladesh have responded with resounding solidarity. The Government sprang into action, assisted by humanitarian actors, including local and national non-governmental organisations (NGOs), international NGOs and the United Nations, all of whom have stepped in to offer their support and expertise. We are grateful to donors and the international community for their timely response to the initial appeal in 2017. Together with the refugees and the host communities themselves, the collective efforts of these stakeholders have saved countless lives since the beginning of the crisis.

Nonetheless, much work remains to be done.

The scale and speed of the influx has had wide reaching consequences for the refugees, the communities that have welcomed them and the surrounding environment. While the refugees have inspired us with their resilience in the face of extreme adversity, they have suffered profound trauma and continue to require support to address their urgent needs. In addition, the magnitude of the crisis has placed an enormous burden on the host communities in Cox's Bazar.

In light of this, the humanitarian community, led by the Inter-Sector Coordination Group in Cox's Bazar and the Strategic Executive Group in Dhaka, has worked closely with the Government to draw up this Joint Response Plan (JRP) for 2018. The JRP lays out a vision for a coordinated response to address the immediate needs of the refugees and mitigate the impacts on affected host communities.

The rest of 2018 poses serious threats to the people we serve. Congested living conditions continue to foster risks such as disease outbreaks and fires. Rain and the coming monsoon season will cause flooding and landslides. The likelihood of such "crises within the crisis" exacerbates the already incredibly difficult circumstances faced by the refugees. In close cooperation and coordination with the Government, we are actively ramping up our collective capacity to address such challenges.

Through the compassion that it has shown by affording Rohingya refugees temporary shelter, including by providing almost 6,000 acres of land in an already very densely populated country, Bangladesh has set an example for the rest of the world. The complexities of responding to an emergency involving the rapid arrival of almost 700,000 people into a small area in the south-east corner of the country require joint efforts: continued financial support underscored by the principle of burden sharing, continued international engagement to search for solutions and continued collaboration between the humanitarian community and the authorities to deliver support to the refugees and host communities.



Mia Seppo
UN Resident Coordinator,
Bangladesh

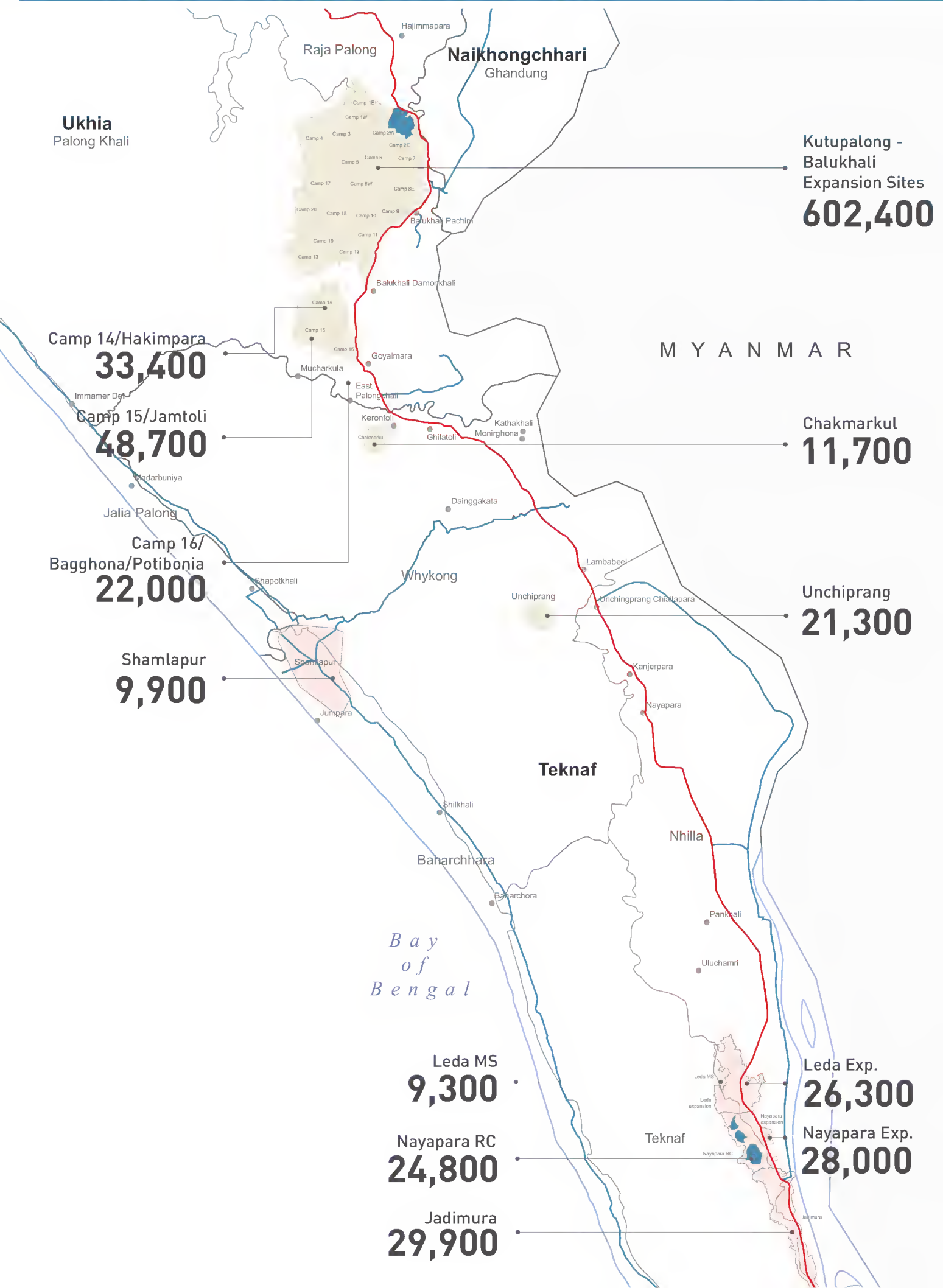


Andrew Mbogori
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Representative IOM,
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BANGLADESH: COX'S BAZAR REFUGEE POPULATION AS OF 25 FEBRUARY 2018



PART I:

CRISIS AND NEEDS OVERVIEW



Photo: IOM/Mohammad



CRISIS OVERVIEW



NEEDS OVERVIEW: PROTECTION NEEDS, OTHER KEY NEEDS
AND CHALLENGES, BANGLADESHI HOST COMMUNITY NEEDS



VULNERABILITIES AND RISKS



OPERATIONAL CAPACITY AND CONSTRAINTS



ASSESSMENTS AND INFORMATION GAPS



GOVERNMENT RESPONSE

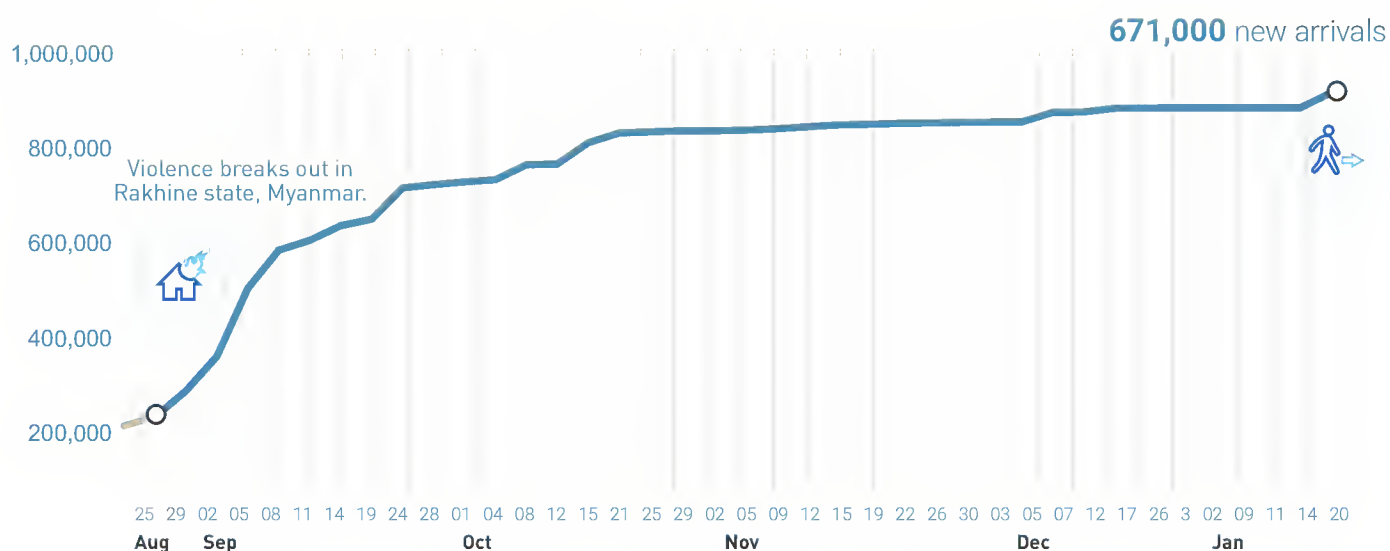
OVERVIEW OF

THE CRISIS

Since 25 August 2017, targeted violence¹ against Rohingya communities in Rakhine State, Myanmar, has forced 671,000 people - mostly women and children - to flee their homes. This exodus has become one of the fastest growing refugee crises in the world².

The Government of Bangladesh has kept its borders open to Rohingya refugees and leads the humanitarian response. The people of Bangladesh continue to show tremendous generosity and hospitality in the face of a massive influx. In keeping with its policies, the Government of Bangladesh refers to the Rohingya as “*Forcibly Displaced Myanmar Nationals*”, in the present context. The UN system refers to this population as refugees, in line with the applicable international framework for protection and solutions, and the resulting accountabilities for the country of origin and asylum as well as the international community as a whole. In support of these efforts, the humanitarian community has rapidly scaled up its operations as well. Over a two-month period, the refugee population in Cox’s Bazar more than quadrupled. The influx has continued steadily in subsequent months, with people arriving by foot and by boat. Many refugees arrive exhausted and famished, often after walking for days and experiencing, gender-based violence, and other human rights violations. Many have lost family members, in their villages or along the way, and are deeply traumatized. The Rohingya have endured attacks on their cultural identity and legal nationality for decades and have been denied access to basic human rights such as education, health care or food. Forced into statelessness, even their freedom of movement within their country of origin has been severely restricted.

TIMELINE OF EVENTS



The Government of Bangladesh estimates that there were 303,070 Rohingya in Bangladesh before 25 August 2017 (as per the census results of Bangladesh Bureau of Statistics, which was conducted in 6 districts). Following the initiation of Needs and Population Monitoring (NPM) in 2017, approximately 213,000 Rohingya have been identified, mostly living in Cox’s Bazar, through a different methodology³. The refugees are now concentrated within congested sites in Ukhia and Teknaf Upazilas of Cox’s Bazar District, putting an immense strain on the half a million Bangladeshis who live there. Infrastructure, health and water services, which have been extended to the refugees by the District

1. See Office of the High Commissioner for Human Rights (OHCHR), Mission report of OHCHR rapid response mission to Cox’s Bazar, Bangladesh, 13-24 September 2017.

2. Needs and Population Monitoring (NPM), Round 8.

3. To ensure consistency in methodologies, figures throughout this document are based on the Needs and Population Monitoring (NPM) estimates. The people identified by NPM were concentrated mostly in two Upazilas in Cox’s Bazar, though other neighbouring districts, covered by the BBS’s census such as Bandarban, Rangamati, Khagrachhari, etc., also host Rohingya communities.

Government as a critical part of the humanitarian response, are under massive pressure. The environment, especially fragile forest and land resources, are being degraded. Pre-existing settlements and camps have expanded with the new influx, while new spontaneous settlements have also formed. Significant numbers of new arrivals have also been absorbed into the local host community, where a total of over 56,000 Rohingya refugees are currently estimated to reside. As of late February 2018, there were ten camps and settlements, ranging in size from 9,900 refugees in Shamlapur, to more than 602,400 refugees in the Kutupalong-Balukhali Expansion Site. To the south of the Expansion Site, Jamtoli, Hakimpura and Potibonia are inseparable, housing 101,400 refugees between them. Around Nayapara Refugee Camp and Leda in Teknaf, settlements have joined to form a third sprawling concentration of more than 88,300 refugees, which continues to expand and spread into surrounding villages⁴.

Movements within Cox's Bazar remain fluid, with arrivals continuing daily in February 2018. The 4,800 acres of undeveloped forest land, allocated for a new camp by the Government of Bangladesh in September 2017, is now very densely populated. More than 602,400 refugees live there – making it the largest refugee camp in the world, which is increasingly untenable. Refugees arrived at the new proposed site before infrastructure and services could be established. Severe congestion remains the critical challenge to effective service provision. Movement into the Kutupalong-Balukhali Expansion Site continues, including through relocations of vulnerable refugees from the border areas in Bandarban District, which began in January 2018.

In November 2017, the Governments of Bangladesh and Myanmar signed an arrangement on the repatriation of Rohingya refugees / forcibly displaced Myanmar nationals. The arrangement affirms that return should be voluntary, safe and dignified. The operationalization of this arrangement is currently under discussion between the two Governments. At present, the UN has limited access to the three northern townships of Rakhine state in Myanmar. The UN continues to engage the Government of Myanmar to seek unfettered access to Rakhine to ensure that development and humanitarian assistance reaches all people in need. There are ongoing discussions about the UN's, and in particular UNHCR's, engagement with the process of repatriation and reintegration; should the conditions for return improve demonstrably, based on unfettered access and monitoring reports by UNHCR and other partners. The international community has committed to supporting the safe, dignified and sustainable return of Rohingya refugees from camps in Bangladesh. This support may include actions such as sharing information with the Rohingya on conditions in Myanmar so that they can make an informed decision. The UN Country Teams in Bangladesh and Myanmar stand ready to support the implementation of the recommendations of the Rakhine Advisory Commission.

Regardless, the urgent humanitarian needs of the Rohingya refugees and their host communities in Cox's Bazar must be addressed. To do so in a coordinated manner, under the leadership of the Government of Bangladesh, the humanitarian community has engaged in multi-sectoral needs assessments, consultations and strategic planning, which has culminated in this Joint Response Plan. The process has entailed ongoing bilateral consultations at the District level with the Deputy Commissioner (DC), the Refugee Relief and Repatriation Commissioner (RRRC), led by the Senior Coordinator for the Rohingya Refugee Response and the ISCG Secretariat, with Sectors engaging relevant line Departments and Ministries (including the Department of Public Health Engineering, the Civil Surgeon's Office, and the Ministry of Women's and Children's Affairs). A District consultation on 29 January 2018, co-chaired by DC, RRRC and the Senior Coordinator, was attended by the Armed Forces Division and all relevant line Departments, and has informed revisions to the plan. At national level, the Strategic Executive Group has led engagement with the Ministry of Foreign Affairs and its National Task Force, as well as the Ministry of Disaster Management and Relief and relevant line Ministries on the technical Sector issues they lead, including the nature and design of interventions, and sector standards⁵.

Timely funding is required to meet life-saving and humanitarian needs, as well as the acute needs of host communities, in support of the Government of Bangladesh. The combined support of donors to date has been generous. Humanitarian needs nevertheless continue to outpace funding. The urgency of the current situation - including the risk of large scale casualties and the likelihood of protracted and multi-dimensional threats to regional development - demands immediate support for the District. Robust resource mobilization efforts will be stepped up to assist people in need, as well as to support the authorities in their efforts to cope with this crisis.

4. IOM Needs and Population Monitoring, Round 8.

5. Including, but not limited to: Shelter and Non-Food Items, Site Management, Logistics – Ministry of Disaster Management and Relief (MoDMR; at District level, RRRC); gender-based violence and Child Protection – Ministry of Women's and Children's Affairs (MoWCA); Department of Social Services; Education – Ministry of Education; Water, Sanitation and Hygiene – Department of Public Health Engineering (DPHE); Health, Nutrition – Institute of Public Health Nutrition, Ministry of Health and Family Welfare (at District level, Civil Surgeon); Food Security – MoDMR (at District level, RRRC)/Ministry of Food (District Food Controller)/Department of Agriculture Extension and Department of Fisheries.

NEEDS OVERVIEW

Responses from the Government of Bangladesh, in partnership with the humanitarian community, have been swift and significant since 25 August 2017. Yet enormous gaps remain.

PEOPLE IN NEED

▲ 303,070

Rohingya in Bangladesh before 25 August 2017
(census results of Bangladesh Bureau of Statistics)

213,000 Rohingya assessed in Cox's Bazar before the August influx
(based on the Needs and Population Monitoring estimates)

➔ 671,000

New arrivals as of 15 February 2018 (NPM round 8)

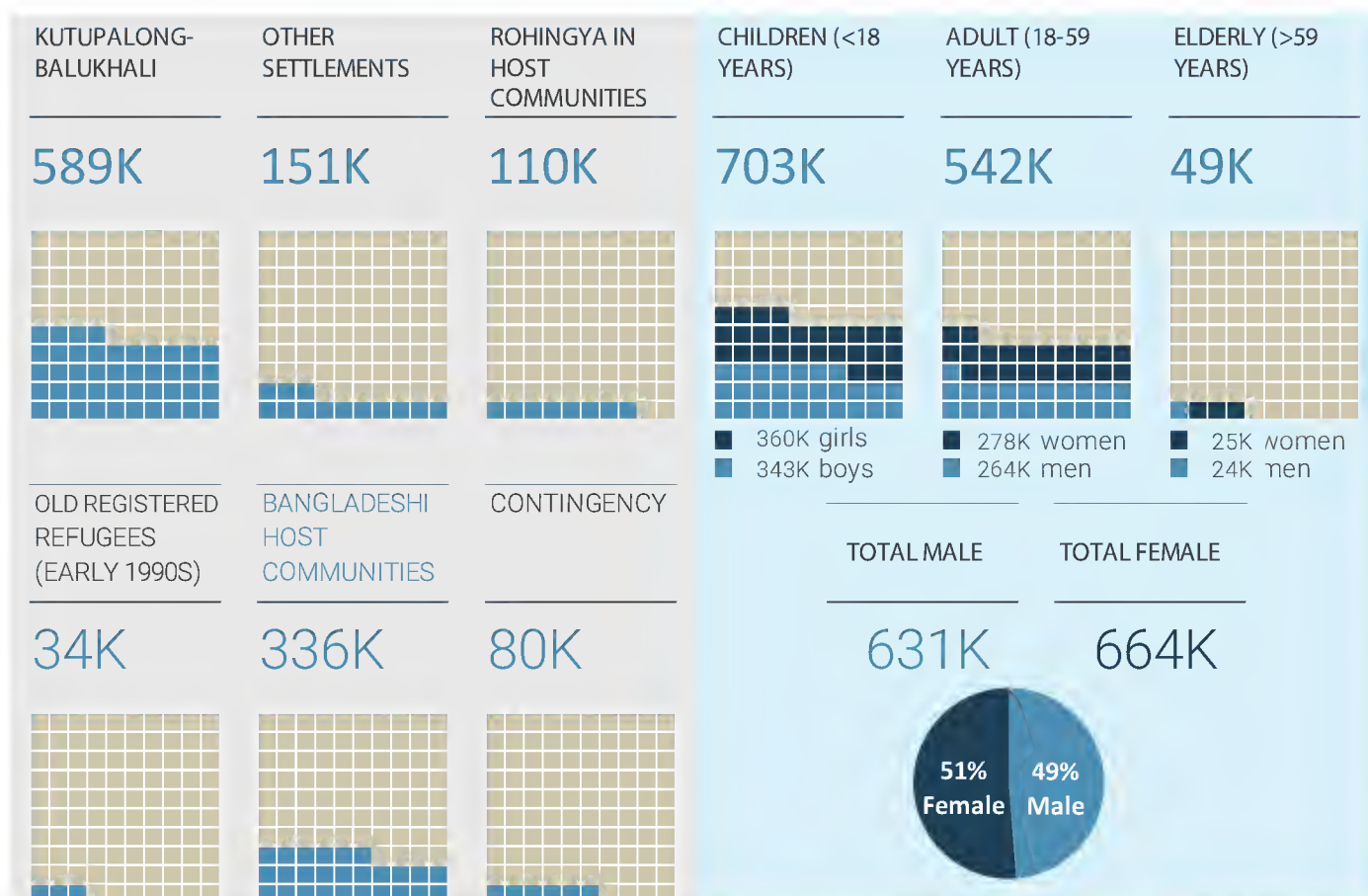
➔ 80,000

Contingency for addition influx

🏠 336,000

Bangladesh host communities

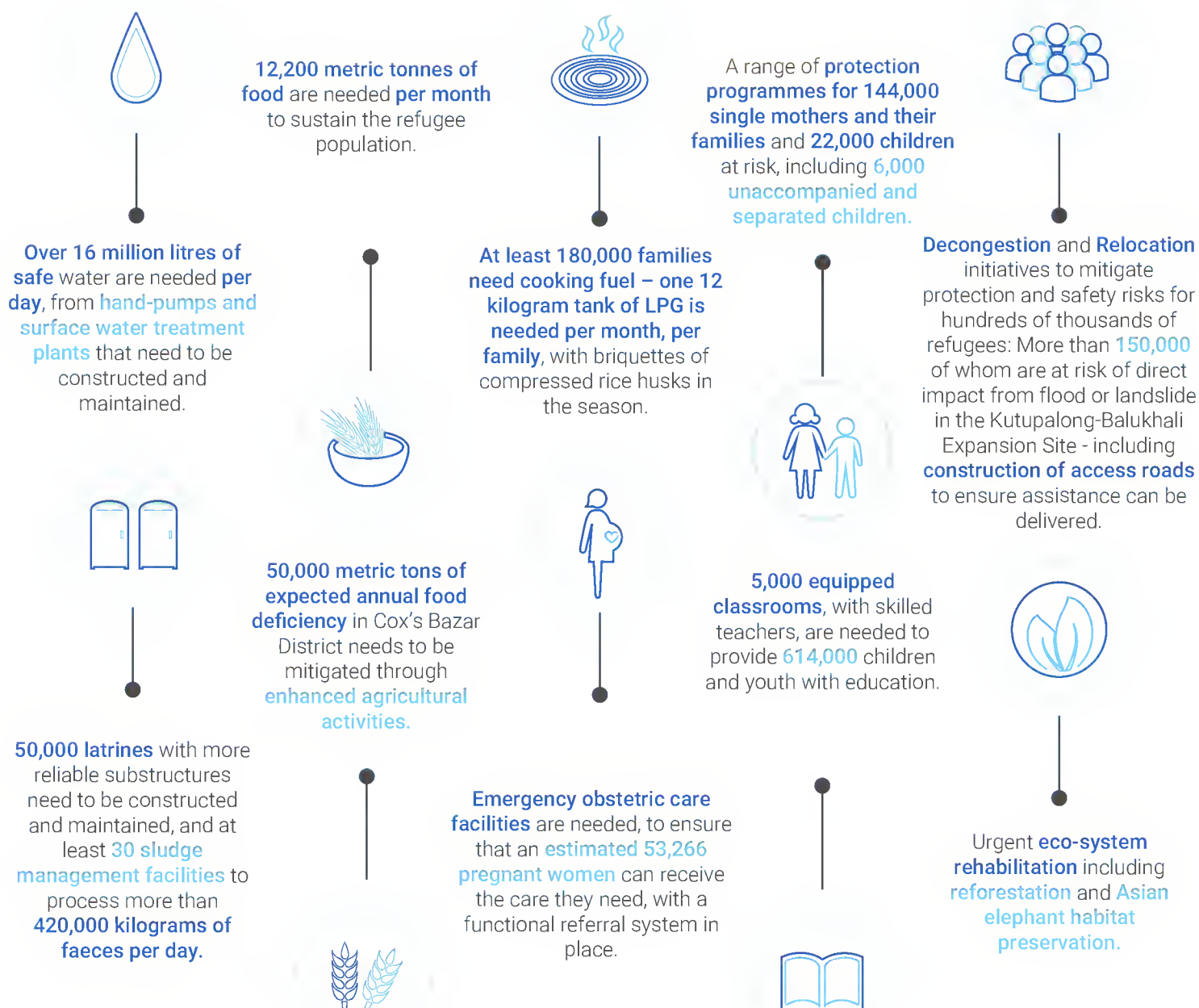
1.3M



The situation remains critical: the early rains alone will bring imminent risks of casualties due to disease outbreak, landslides and flash floods. In the initial months of the ongoing influx, humanitarian actors struggled to match the speed and scale of the arrivals. The camps and settlements are extremely densely populated and highly vulnerable to cyclone, rain and fire. Life-saving emergency response remains the priority at the beginning of 2018, with sectors focused on achieving coverage and improving quality. Access to basic services are still insufficient, with many installations of extremely poor quality that now require a second investment to upgrade. With malnutrition at acute emergency levels, any outbreak of disease would quickly claim the lives of thousands of malnourished children. Assistance delivery across all sectors remains uneven and ad hoc. Serious safety concerns prevail due to the congestion and conditions in the camps and urban areas. The gendered nature of needs, vulnerabilities and constraints of women, girls, boys and men is evident across all sectors requiring careful attention in the response.

Continued and sustained scale-up is required to save lives, ensure overall protection of vulnerable refugees and preserve social cohesion within the refugee community and with host communities. There is urgent need for robust interventions - across all sectors - in refugee camps and settlements as well as affected host communities. Humanitarian agencies are still not operating to scale. A gender-sensitive, protective, environmentally sustainable, and comprehensive response must take into account all refugees in Cox's Bazar and their host communities. Such a response is key to saving lives and mitigating tensions both within Rohingya communities as well as between refugees and host communities.

KEY NEEDS





50,000 metric tons of expected annual food deficiency in Cox's Bazar District needs to be mitigated through enhanced agricultural activities.



43 Primary Health Centres, and **144 Health Posts** need to be established and maintained to cover the refugee population with adequate healthcare. In addition, **strengthening of the District health complex**, including Cox's Bazar Sadar Hospital and Ukhia and Teknaf Health Complexes, is needed to ensure continued



100 nutrition treatment centres are needed to treat malnourished children aged 0-59 months: **35,093** with Severe Acute Malnutrition and **103,773** with Moderate Acute Malnutrition, and 12,828 pregnant and lactating women with Moderate

PROTECTION NEEDS

Despite its resilience in the face of adversity, this refugee population remains exceptionally vulnerable. Properly targeted interventions must address their protection needs throughout their displacement, with effective referral systems. An estimated 16% of the Rohingya are single mothers. Many have lost their husbands to violence in Myanmar or to migration in search of livelihoods for survival. Older refugees at risk, or those responsible for children, account for 6.6% of the population, and child-headed households are 3.7%⁶. The majority of the population are women and children (52% are women and girls; 55% are children under 18)⁷. Absence of identity documentation and recognized legal status impedes refugees' freedom of movement, as well as access to justice, legal work opportunities, accredited education and other public services.

Hundreds of incidents of gender-based violence continue to be reported weekly. Many girls and women have been exposed to severe forms of sexual violence in Myanmar before and during flight. Even after fleeing their homes, they confront ongoing risks of gender-based violence including domestic and intimate partner violence⁸. Lack of income generating opportunities and transferable skills development has catalysed the exploitation of adolescent girls and women in the form of forced marriage, survival sex, trafficking for commercial sexual exploitation, drug smuggling and forced labour⁹. Field reports link incidents of rape and human trafficking to high-risk informal work including domestic labour and hotel housekeeping¹⁰. Firewood collection exposes refugees to serious protection issues, especially for women and children¹¹. Fear of abduction, harassment and sexual violence severely restricts movements of women and girls, which limits access to referral services, protection information, social support networks and safety alternatives for those trapped in harmful home environments. Thus, sensitivities to issues of gender is critical to ensuring that even the most vulnerable and marginalized refugees benefit from relief, services and information. The Kutupalong-Balukhali Expansion Site is vast and largely remains unlit, which heightens risks for everyone, but especially for girls, women and boys.

Children face serious protection risks like psychosocial distress, neglect, abuse, separation from caregivers, child marriage, child labour and trafficking. Thousands of children have been separated from their parents or primary caregivers while fleeing into Bangladesh. Adolescent boys and girls face specific risks as they do not have access to education. Girls are particularly susceptible to early or forced marriage and sexual abuse, whilst boys face heightened risk of child labour, exploitation and human trafficking. Improving access to community-based protection and quality child protection services is a priority for all children at risk. Abandonment of newborns as well as increasing risks of foeticide following the occurrence of previous sexual and gender-based violence, are a serious concern.

There is an immense and urgent need to provide mental health and psychosocial support for refugees of all ages. Children have told of the horrific violence they witnessed in Myanmar, including seeing family members killed and their homes burnt down. Many are burdened with the trauma of losing loved ones, the anxiety of acute fear, and/or the uncertainty of not knowing where their family is. Some have also suffered abuse and torture themselves, and were

6. RRRC and UNHCR Family Counting.

7. NPM Round 7.

8. CODEC/Save the Children/TAI/UNHCR 10/2017.

9. UN WOMEN 20/10/2017; IOM 28/11/2017.

10. IOM 28/11/2017.

11. Refugee Influx Emergency Vulnerability Assessment (REVA) – FSS- WFP – November/December 2017

forced to watch family members tortured. Compounded by the daily stressors of displacement - like hunger, lack of work, disease, lack of adequate playgrounds or space for physical activity - depression and other mental health issues are prevalent¹². Immediate and consistent mental health and psychosocial support services are crucial to help girls, boys and their families cope and begin to heal. Rohingya refugees have been stripped of power and control, over even the most intimate aspects of their lives.

Access to and appropriateness of services for all ages, genders and abilities is still limited. Given space restrictions, latrines are shared blocks, and the majority are not disaggregated by gender. Bathing spaces remain insufficient. The lack of privacy and fear of assault, compounded by cultural values, are leading many women to remain confined to their shelters. Many older people spend a large part of the day alone, without support, and face challenges in accessing food and other assistance. Youth do not have access to secondary school and there are limited activities targeting this age group. Persons with disabilities face enormous challenges and because of limited mobility are unable to reach services and distribution points, having to rely on support from others.

From an age, gender and diversity perspective, better provision of information to all refugees is needed. Their voices should be heard clearly in programming and decisions affecting their well-being. Refugees are demonstrating tensions flowing from insufficient or inaccurate information and this impacts host communities too. Many refugees are still unaware of where and how to access services or what will happen to them when they arrive. Recent information and communications needs assessments make it clear that there are profound communications gaps for refugee women, girls, boys and men in Cox's Bazar. More than three quarters (77%) of refugees feel that they do not have enough information to make good decisions, and almost two-thirds (62%) report that they are unable to communicate with aid providers. Scaled-up mechanisms are urgently required through which affected population and humanitarian community can regularly establish two-way communication to engage, hear and respond to refugees' concerns and ideas for solutions, as well as promote behavior development or change. This includes rapid establishment of information points that ensure full coverage of the Rohingya population and for the affected host communities too as this will help ease up potential risks from rumours and misinformation.



Photo: WFP/Mojumder

12. Daily stressors, trauma exposure, and mental health among stateless Rohingya refugees in Bangladesh, Andrew Riley, Andrea Varner Peter Ventevogel and M. M Taimur Hasan, United Nations High Commissioner for Refugees (UNHCR) Transcultural Psychiatry 20 7, Vol. 54(3) 304 -331.

CHALLENGES



Congestion

Congestion threatens protection, increases health risks and complicates the response.



Contaminated water

Faecal contamination of drinking water is high.



Outbreaks

Ongoing diphtheria and measles outbreaks remain a concern. There is a high likelihood of Acute Watery Diarrhoea or other communicable disease outbreak.



Climate

Early rains, cyclones and monsoons will bring severe risks of casualties. There is urgent need for both preparedness and disaster risk reduction measures.



Resilience

Rohingya need resilience support so they are better prepared for durable solutions.

(i.e. repatriation to the country of origin, resettlement to a third country or local integration in the country of asylum.)



Psychosocial issues

Many refugees have experienced trauma, including extreme violence and rape.



Access to fuel

Access to cooking fuel remains a significant challenge, and widespread use of firewood is resulting in significant environmental degradation and protection concerns.



Women

Have additional needs due to societal norms and cultural practice.

The priorities of the plan as advised by the Government of Bangladesh, is to focus on basic needs of the forcibly displaced Rohingya population, lifesaving assistance, their well-being and dignity, restoration of the severely damaged environment in Cox's Bazar, and confidence-building between the refugees and host communities. The Plan is mindful of the above parameters and in order to ensure that the main focus is met, various issues in need of being addressed are outlined in the Sectoral sections and below as part of cross-cutting issues.

Congestion is the core humanitarian and protection challenge. Population density is as high as 8m² per person, compared to the accepted international standard of 45m². More than 200,000 refugees now reside in areas that will certainly flood or collapse with the rainy season¹³. The humanitarian response to date has been possible only through rapid exploitation of an ever-decreasing natural resource base, including water, land and forest. Adequate and safe land and infrastructure for multiple, properly managed camps is essential to prevent massive loss of life due to disease outbreak, weather and insecurity, and to enable service delivery. Overcrowding, which was a concern even before the influx, is now a critical issue in all sites, especially Kutupalong-Balukhali Expansion Site. Shelters and living space are dangerously congested, risking fire and communicable disease. Overcrowding also exacerbates many safety risks, such as physical and sexual abuse, and the lack of space for community structures limits the actors' ability to provide protection services, including community centres, child friendly spaces and safe spaces for women and girls. There is a need for programming addressing men and boys' experiences of trauma while fleeing Myanmar and to positively engage them in addressing gender-based violence against women, girls and boys.

Largescale infrastructure installation, including access roads, drainage, terracing and retention for shelter on hilly land is critical to safe delivery of all other services and decongestion to the extent possible. WASH and Health services will have to be prioritized within the severe space limitations, thus limiting all other critical services. Site management teams and civilian administrators need to be in place to manage and coordinate partners' service delivery. The participation of women in site management teams will be encouraged to provide insights on how to improve access, overall protection and gender-based violence risk reduction. To be effective, site management ensures adequate monitoring, the best use of available space, as well as meaningful engagement with communities. Disaster risk mapping prior to site planning and development is needed to prevent and mitigate hazard risks.

Without immediate improvements in conditions regarding water, sanitation and hygiene, preventable disease outbreaks will not only continue but worsen. Acute watery diarrhoea is endemic in Bangladesh, and a dangerous combination with the high malnutrition rates of Rohingya populations. At the current density of population, any outbreak has the potential to kill thousands. Within the new settlements that have emerged since August, there were no pre-existing WASH facilities such as latrines, water points or bathing places¹⁴. Emergency facilities that were put up quickly

13. Site Management Sector, January 2018

14. Multi Sector Rapid Assessment, September 2017

in the first phase of response have been of low quality, necessitating decommissioning and retrofitting. To avoid open bathing and defecation, women wash inside their shelters. They often also face unsafe access to wash facilities and to distribution points.

Improved water quantity and quality is a priority. Thousands of poorly installed shallow tube-wells contaminate potable water, with major impacts on health and nutrition status. In the rush to provide water, many private contributors funded shallow tube-wells, using overburdened contractors without proper supervision who were often willing to cut corners. This resulted in thousands of poorly positioned and low-quality water installations that present a major health risk. Of 5,731 tube-wells, some 21% are estimated to need immediate rehabilitation or replacement¹⁵. As pressure increases on the aquifers in Ukhia, safe surface water solutions will be required to sustain populations. Prior to the August influx, assessments showed that 92% of Rohingya in host communities had no access to safe water¹⁶, underlining the need for scaled-up WASH interventions in host communities.

As of the end of January 2018, more than 30% of latrines were located less than 10 metres from a water source. 17% of emergency latrines were full or not functioning¹⁷. Lack of available land is putting a severe strain on effective sludge management. As sludge management is insufficient, and latrines with shallow pits are located close to water points, water from shallow tube-wells are easily contaminated¹⁸. Solid waste is often dumped in narrow spaces between shelters¹⁹. There are no primary collection centres for solid waste. For safe excreta and solid waste management, suitable land has been a challenge as only limited useable land is available²⁰. An effective solid waste management system needs to be put in place urgently to improve overall hygiene and reduce the risks of disease outbreak and flooding. The risks have only grown with increasing numbers crammed in the Kutupalong-Balukhali Expansion Site.

The ongoing measles and diphtheria outbreaks are major public health concerns. The certainty of disease outbreak requires not only a strengthened early warning and surveillance system, but also dedicated contingency planning and preparedness for when outbreaks occur. The new influx is creating immense pressure on the entire District health system which impacts public health for both refugees and host communities. In Myanmar, Rohingya experienced major barriers to accessing health facilities. In northern Rakhine, military checkpoints impeded access to most government clinics; many Rohingya did not access healthcare services for fear of abuse at the checkpoints²¹. In part because of poor access to health services in Myanmar, the refugees have an extremely low routine immunization coverage (less than 3%). In such congested living conditions, their vulnerability to preventable diseases is especially high.



15. WASH Sector, 27 January 2018

16. Situation Analysis, July 2017

17. WHO 10/12/2017- REACH data "WASH Fact Sheet" 8th Oct 2017; WASH Sector, 27 January 2018

18. WASH Sector 19/11/2017; ISCG 12/11/2017

19. WASH Sector 03/12/2017; WHO 10/12/2017; BRAC 04/12/2017

20. UNDP/UN-WOMEN Report on Environmental Impact of Rohingya Impact

21. Physicians for Human Rights 11/10/2016

Primary and secondary healthcare services need to be ramped up, with improved quality, to manage the high levels of trauma, communicable diseases and reproductive health needs, as well as to strengthen disease surveillance and outbreak response. Rohingya refugees arrived with diverse health needs including physical injuries like gunshot wounds and burns, prevention and treatment of communicable diseases, antenatal care, emergency obstetric care services, reproductive health, and sexual and gender-based violence management. While primary health clinics have been augmented, these are under severe pressure and are of highly variable quality. Elderly refugees report severe health issues due to neglected chronic ailments aggravated by malnutrition and low immunity. Inordinate restrictions on women and girls' mobility affect their access and use of health services and need to be addressed for better health outcomes.

Outbreaks and other health concerns present particular needs: strengthened referrals, improved coordination with other sectors, and more translators or cultural mediators. Rohingya speak a different language than their hosts. It is an oral language, and illiteracy within the population is estimated to run as high as 95%. Difficulties in identification of patients' homes inhibits follow-up of patients, development of a register, and standardized systems of reporting. Referral systems need to be strengthened, and standard operating procedures need to be established for all health facilities for interfacing with Education, Child Protection, Gender-Based Violence, WASH and Nutrition partners. For example, schools have unharnessed potential for health monitoring and screening; unfortunately, teachers and nutrition staff require significant capacity building and training to detect communicable diseases and how and where to refer possible cases. As health centers are built and expanded, the gendered needs of women, girls, boys and men need to be considered and addressed to make centers safe and accessible by all.

Adequate, upgraded shelter for all Rohingya refugees is critical. Congestion coupled with poor conditions present major risks in an area subject to annual cyclones and monsoon. Most refugee shelters are constructed using bamboo and plastic sheeting, highly vulnerable to the impacts of natural disasters including flooding, high winds and cyclones. Refugees need materials, tools, labour and cash support to meet upgrade and site improvement needs. Many are going into debt to secure access to land or shelter, leaving them vulnerable to exploitation. 41% of the refugees residing in the Teknaf area reportedly paying rent when residing on private land²². Reports indicate confusion amongst refugees regarding issues of Bangladeshi property law. Outside cooking areas are needed to reduce smoke in the main accommodation, which is a contributor to high rates of upper respiratory tract infections, along with high density and poor conditions. Alternatives to firewood for cooking fuel need to be further explored.

All Rohingya refugees need regular access to food. New arrivals and old unregistered refugees require continuous assistance to save and sustain lives. Almost all new arrivals are restricted in earning an income in Bangladesh. Recent food security assessments²³ show that among refugees, 33% have an unacceptable food consumption score. The vast majority of refugees are forced to rely entirely on food assistance — 91% access food solely through humanitarian assistance. Access to more diversified and nutritious food is low for both refugees and host communities, who access an estimated 3.7 and 3.8 food groups per day, respectively. In terms of economic vulnerability, one in two households are extremely poor, and three in four do not reach the Minimum Expenditure Basket (MEB) level. Similar economic vulnerability is observed between those displaced in camps and settlements (75% are vulnerable) and those living among host communities (71%). Female headed households are the most vulnerable to food insecurity.

General food distribution packages are currently based on rice, oil, and pulses, on a distribution cycle of two weeks²⁴. Increasing the dietary diversity with fresh food items is essential, in addition to increasing intake of micronutrients. To achieve this, response modalities including e-vouchers, need to be expanded. Cooking fuel is a major challenge for improving food security, as a high dependency on firewood has a devastating impact on protection, health and the environment. Supporting opportunities, for both refugees and host communities to care for themselves is key to reducing their socio-economic vulnerability and improving their food security, as well as to mitigating and preventing corrosive coping mechanisms²⁵.

Alarmingly acute malnutrition rates exceed global emergency thresholds, at 24% in Kutupalong refugee camp and 19.3% in makeshift settlements. Rakhine State has one of the highest malnutrition rates in Myanmar, with 14% Global Acute Malnutrition (GAM). Arrivals in Bangladesh are already highly vulnerable and in need of emergency nutrition support. Malnutrition rates among the earlier Myanmar arrivals were extreme even before the influx: in Balukhali, GAM, stunting and underweight rates all exceeded WHO thresholds for nutritional emergency²⁶. Clean water is critical to addressing nutrition needs, as it impacts the body's ability to absorb nutrients. Improved WASH and nutrition support, as well as increased dietary diversity through food security, are urgently needed to address and reverse malnutrition. Moreover, a robust nutrition management system is required to treat children with severe and moderately acute malnutrition.

22. Shelter Sector, December 2017

23. Refugee Influx Emergency Vulnerability Assessment (REVA)– FSS and WFP – November/December 2017.

24. FSS Monthly bulletin -GFD distribution trends September-November; http://fsscluster.org/rohingya_crisis/document/food-security-sector-fss-november

25. REVA – FSS and WFP – November/December 2017

26. GAM 21.2%; stunting 36.4%; underweight 41.2%. Nutrition Sector SMART Survey, May 2017.

Community kitchens are also needed to provide cooked meals especially for lactating women and malnourished cases, and to provide supplementary feeding for severely malnourished children.

The collection, purchasing and selling of firewood for cooking fuel in the settlements is generating environmental and health risks. Firewood is the main source of cooking fuel across all refugee settlements, and for Bangladeshi communities. Continued use of wood for fuel will inevitably further expand deforestation on a substantial scale²⁷. When burned indoors, it has negative health impacts, particularly for women, boys and girls, and open fires in such congested spaces raises the risk of fire, with limited emergency vehicles and access available. Refugees are engaged in collecting, purchasing, and selling firewood. In a recent survey, 65% of respondents identified the forest as their source of firewood, and 33% indicated the local markets. Only 1% reported aid distributions as their source of cooking fuel²⁸. Not surprisingly, purchasing firewood for cooking fuel is one of the main non-food expenditures for refugees²⁹. Additionally, rapid deforestation is already causing tensions with the host community with rising resentment at the loss.

The collection of fuel wood from the natural forest within a five-kilometer perimeter around the camps will sustain fuel supply for approximately four months, but the forested area of 14,000 hectares will be degraded and converted into shrub dominated areas with low biomass and productivity. If fuel wood were to be collected from plantations, the supply may last for additional eleven months. Collection of fuel wood from the natural forest within the ten-kilometer perimeter around the camps will sustain fuel supply for approximately one year, but the remaining 26,000 hectares of forest would be degraded and converted into shrub dominated areas with low biomass and productivity, and significant losses in biodiversity. If fuel wood were to be collected from plantations, the supply may last for an additional 31 months. The collection of firewood has safety implications for the refugee population as well. 19% of those reporting insufficient firewood also reported safety concerns³⁰. Children are often the ones sent to collect the firewood from the surrounding forests where they are at risk of abuse – both by the local population and by other refugees. The issue is not limited to children however, with over 80% of men reporting that firewood collection was unsafe³¹.

Limited and congested access roads of poor quality into existing settlements, as well as into the new spontaneous sites, continue to significantly impede humanitarian access. There is continued logistical pressure at all entry points to the affected areas. Appropriate storage facilities to accommodate large quantities of items, in terms of tonnage and volume, need to remain functional despite upcoming weather-related calamities. There will be high demand for the maintenance of storage facilities in suitable strategic locations to ensure both female and male beneficiaries are able to access aid services, as well as Mobile Storage Units for temporary storage and offloading capacity at the Dhaka and Chittagong International Airports to manage the influx of relief items. Stock management support will continue to be a priority for humanitarian agencies. Engineering capacity, including heavy machinery to enable rapid clearance and access as required during the cyclone and monsoon seasons, is also a critical need.

BANGLADESHI HOST COMMUNITY NEEDS

The 7 Upazilas comprising Cox's Bazar District have a total population of 2,290,000. It is one of Bangladesh's most vulnerable Districts. Malnutrition, health status and food insecurity are at crisis levels, and the poverty rate is well above Bangladesh's national average. Even before the influx, one in five households already had poor and borderline food consumption patterns – which was much higher than the national average³². On average, 33% live below the poverty line and 17% below the extreme poverty line. The primary school completion rate for Cox's Bazar is 54%, while the divisional and country level rate is about 80%. The situation is further compounded by the increasing levels of displacement, which puts additional pressure on health services and exacerbates challenges regarding food security and nutrition. The vulnerable circumstances of the arrivals also impact the local economy. The influx of desperate workers lowered day labour wages and increased the price of basic food and non-food items³³. Further increases in population totals and density are likely to affect the basic road and market infrastructure that exists, resulting in the need to strengthen services. Traffic congestion is already a major problem that limits access and mobility around large sites, thereby increasing safety risks.

The rapid and massive increase in the refugee population, concentrated in Ukhia and Teknaf Upazilas in the south of Cox's Bazar District, has had an enormous impact on their host communities, including market access, labour

27. UNDP/UN-WOMEN Report on Environmental Impact of Rohingya Impact

28. NPM round VII, 12.2017.

29. REVA, 12.2017.

30. REVA – FSS and WFP – November/December 2017

31. NPM VII, 12.2017

32. Bangladesh Integrated Food Security Phase Classification* (IPC, August 2013) & Bangladesh Bureau of Statistics, World Bank.

33. Food Security Sector, market price monitoring.

competition, deforestation, and inflation. Support is needed for local host communities. The current situation risks slowing — and even reversing — efforts towards socio-economic development of the District. Approximately 500,000 Bangladeshis live in Ukhia and Teknaf. 336,000 of them live in the seven Unions most densely populated with refugees. Host communities reported daily labour, farming and petty trade as the three most common sources of cash³⁴. Food production is reported to be very low³⁵, consequently increasing household expenditures on food and decreasing economic opportunities and purchasing power. 17% of the local community are reported as “poor” in terms of economic vulnerability³⁶. Poverty may increase due to depletion of assets, labour competition, and the impact of the cyclone and monsoon seasons. These challenges risk feeding negative perceptions of refugees among host communities. Communication between refugees and their hosts is challenging: the majority of Bangladeshi host communities speak Chatgaya, a Chittagonian dialect, and the remainder speaks Bangla. On the other hand, only 4% of Rohingya indicated that they speak Bangla: the rest speak Rohingya. The Rohingya and Chatgaya dialects have similarities, but language barriers affect communication³⁷.

Bangladeshi host communities and refugees often use the same markets. The new influx gave small and medium traders, particularly at markets located close to settlements such as Kutupalong and Balukhali, the chance to grow their businesses. However, as transportation costs have increased, their margin of profit is at risk of decreasing. The main challenges reported by the traders are road congestion, cost of hiring transport and delays in deliveries³⁸. Commodities seem to be available in supply, though firewood is difficult to access for both the refugee population and host communities³⁹. Host communities have noted stark price increases in commodities following the recent influx; reports differ by how much⁴⁰. The number of customers has significantly increased. Food prices are likely to continue to increase and further restrict access to food for poor households who are highly reliant on markets. Food production in Cox’s Bazar was 34,000 Metric Tons (MT) surplus per year; because of the influx, a food deficit is expected this year at around 150,000 MT per year. Congestion on roads increases food transport costs and, in turn, contributes to increased food prices on markets⁴¹. Host communities rely largely on firewood and assessments revealed that 55% of them have cooking fuel shortages⁴².

Most people of Teknaf and Ukhia rely on seasonal labour including fishing, and cultivation of rice, betel nuts and betel leafs as major sources of livelihoods. Lack of opportunities means poor households overwhelmingly resort to unskilled labour⁴³. Due to limited agricultural production in the District, the very poor are often dependent on day labour, and sell their labour to nearby industries such as fishing, working at the ports, manual labour, or in hospitality⁴⁴. Wages have declined for day labour, the main way in which the poor in Cox’s Bazar support themselves. Rohingya have taken jobs in construction, farming, fishing and restaurants, often accepting wages below half the normal rates. This has hit at least a third of the population⁴⁵ who are classified as very poor, and have experienced a double blow of low wages and rising prices. Women, girls, and the most vulnerable and marginalized amongst the host community population are among the first to experience additional access barriers to scarce and overstretched social services, inflation, as well as labour competition and increased risks to their safety or well-being. Some host community schools near camps report large scale absenteeism among children from primary schools as they seek opportunities in camps.

The population density, coupled with the lack of sustainable alternatives for meeting refugees’ basic needs, is putting massive pressure on the environment by contributing to deforestation and depleting water resources. The District has significant government and social forestry reserves: the three pre-existing settlements, as well as the new camp, are all on Forestry Department Reserves. The relevant JRP partners will work with the Forest Department to agree on ways to compensate participants in Forestry Department’s participatory benefit sharing agreements, in kind and/or cash, including involving them in community nurseries as participants. As of October 2017, approximately 2,500 acres of forest had been cut for firewood collection and building of shelters. Of this, at least 1,500 acres has been cut from social forestry projects, impacting local Bangladeshi communities. The demand for firewood from forests is likely higher than the environment can supply. It may also exacerbate the effects of flooding and cyclone; as low-lying, degraded land will become more exposed⁴⁶. Encroachment onto these resources through establishment of shelters, and deforestation hastened by an expanding population gathering wood-fuel, has long been a major source of tension

34. Market Assessment – FSS/WFP – October/November 2017

35. REVA - FSS and WFP – November/December 2017

36. REVA - FSS and WFP – November/December 2017

37. ACAPS Host Communities Thematic Report, December 2017

38. Market Assessment FSS – WFP, October/November 2017

39. CWG 12/2017; WFP 26/11/2017

40. Plan International, Save the Children, World Vision 12/2017

41. ACF 09/2017, WFP 11/2017

42. SAFE Assessment – WFP October 2017

43. UNDP & UNWOMEN 06/12/2017

44. ACF 01/2017

45. This includes in particular older persons, persons with disabilities, children, adolescents, female headed households, single women, single parents, religious minorities, persons of diverse gender identities and sexual orientations.

46. RFA 30/10/2017

between government authorities, host communities and the displaced population⁴⁷. The solution needs to address both reduction in demand, and supplementing the stock of wood-fuel. The District has also long been slated for large scale development in tourism and infrastructure, with 120 kilometers of coastline, and lying at a strategic position for the region. Communities identified as having lost forest resources due to the influx will be targeted with specific programs of reinvestment in social forestry and other compensatory community improvements, including community asset creation/ rehabilitation through Cash for Work or Food For Assets programs.

Even before the influx, the water table in Ukhia was dropping. Continued pressure on the aquifer may result in salt water intrusion, rendering it unusable for the District. Teknaf has always had water issues, with poor groundwater. The camps and settlements are also encroaching on Asian elephant territory, which poses a risk for people (people have been killed in elephant incursions) and for the elephants, whose habitat is being compromised. The endangered Indian elephant, along with deer and two species of Indian civet, is a flagship species in the area that is vulnerable. Out of the total 1,156 wildlife species that inhabit this threatened forest, including fish, amphibians, reptiles, birds and mammals, 65 are critically endangered, 94 are endangered and 56 are vulnerable.

VULNERABILITIES AND RISKS

The District is highly vulnerable to shocks, in an extremely fragile environment which has annual cyclone and monsoon seasons. The humanitarian community has limited time to prepare prior to April 2018, when the season begins. The pre-monsoon cyclone season runs from April - June, and the post-monsoon cyclone season from October–November. Cox's Bazar and Chittagong have been hit by more than three significant cyclones in the last two years. Much of the land hosting refugee camps and settlements is steep or low-lying, prone to flooding and landslides. This is further exacerbated by hill cutting and clearing vegetation on the mainly clay hills. Heavy rain, flooding, and wind will certainly cause widespread destruction across all locations. With a history of cyclones in Bangladesh which disproportionately affects women and children, these subgroups are particularly at risk because there are currently no shelters for cyclones in refugee camps and settlements. With weak shelters and little infrastructure in place, the refugee settlements are particularly vulnerable to impact. There is therefore urgent need to upgrade shelters and to pre-position shelter materials and essential household items for emergency response. Climate change is also impacting the seasonal patterns.

For refugees, limited scope to build resilience, and limited access to cyclone shelters have been recurrent issues that will now multiply⁴⁸. At least 150,000 refugees are estimated to be at risk of direct impact by flood or landslide in their current locations, requiring urgent relocation⁴⁹. Rohingya refugees are familiar with cyclones, as Rakhine State in Myanmar is also prone to cyclones; they have indicated that their response to cyclones was to shelter in the largest house in the village. However, their current living conditions and terrain are unfamiliar and risky, and large, safe structures are barely available in the refugee settlement areas. Cyclone and monsoon preparedness, including disaster risk reduction and hazard risk mapping which is complementary to the District Disaster Risk Management Plan will be key⁵⁰. More concrete attention needs to be paid to emergency response plans due to the impact of early rainfall in mid-March or earlier. Given that many of the shelters, toilets and water points in the mega-camp are located on degraded clay hills, incessant rainfall will place all refugees at risk, including through imminent contamination caused by sludge mixing with water sources. Joint approach to address these challenges under the Government of Bangladesh's leadership is being finalized following from coordination efforts and a Workshop organized by ISCG on 9 February. The Ministry of Disaster Management and Response, through the Cyclone Preparedness Programme, participated in the workshop and is preparing a detailed response plan for joint implementation with the international community.

Heavy rainfall during monsoon will complicate access to and within the camps. Muddy pathways in the settlements will become even more difficult to navigate. Waste from latrines and solid wastes built upon hilly terrain will flow down with rainwater, heightening the risk of disease outbreak. Food Security analysis shows that natural disasters may further impact the food insecurity of refugee and host communities in the year ahead, particularly in terms of livelihoods—and even more so for those who have not yet fully recovered from Cyclone Mora. Natural disasters can also be expected to increase vulnerabilities to malaria. Reported rates of malaria in the Cox's Bazar and Chittagong Districts vary from 0.1 to 50 per 1 000 for *P. falciparum* and 0.1 to 10 for *P. vivax*, with the greater rates found within Chittagong District⁵¹.

47. FAO, IOM, 'Assessment on fuel wood supply and demand in displacement settings and surrounding areas in Cox's Bazar District', conducted March - June 2017.

48. Following the devastating 1991 Bangladesh Cyclone, which killed at least 138,000 people in the wider Chittagong area, the Government of Bangladesh has focused on expanding cyclone shelter availability. There has been improvement since then, but as was seen in Cyclone Mora, available shelters quickly fill to capacity.

49. Site Management Sector, January 2018.

50. Translators Without Borders 11/2017.

51. Maude R, Hasan M, Hossain M, Sayeed A, Kanti Paul S, Rahman W, et al. Temporal trends in severe malaria in Chittagong, Bangladesh. *Malar J* [Internet].

Despite the significant Government efforts to provide for the Rohingya refugees / *forcibly displaced Myanmar nationals*, challenges persist regarding their immediate living conditions and future prospects. Such challenges can increase the risk of potentially harmful coping mechanisms. Rohingya refugees have almost all suffered traumatic experiences, in addition to life-long experiences of disenfranchisement and discrimination. Without basic needs being met, without basic rights being respected, and without the dignity, engagement and independence that is granted by self-sustaining livelihoods, the risk of being recruited by criminal gangs or radical elements is prevalent, especially for young men. Young women face especially high risks of being trafficked and falling into the commercial sex industry. While refugees are regularly referred to public health services, where they are usually supported by health partner staff seconded to health complexes, they face ongoing barriers in accessing education and livelihood opportunities and limitations on freedom of movement.

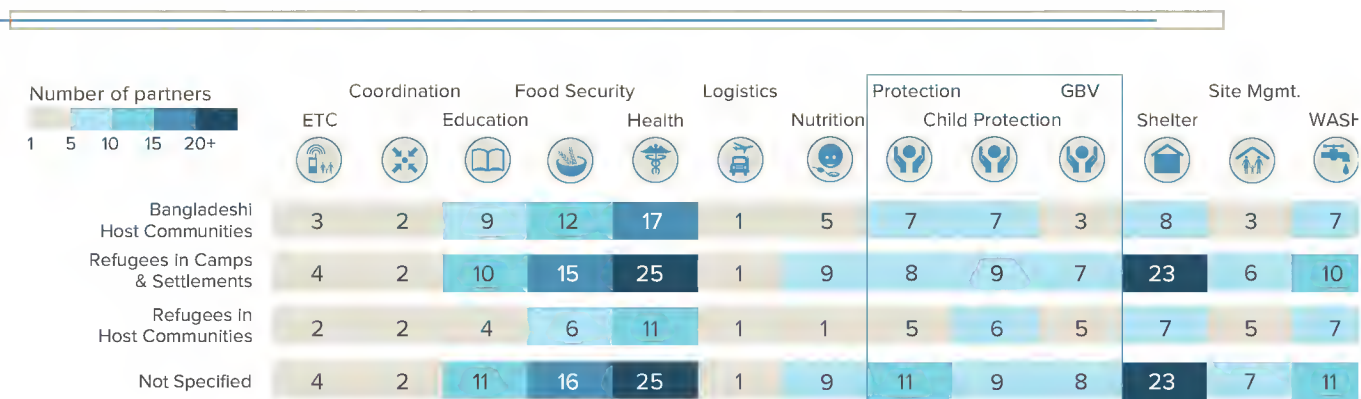
While informal education programmes have been ramped up since 2016 for undocumented refugee children⁵², they are not entitled to enrol in government-accredited schools, nor can they sit for the Primary School Certificate exam. Depending on length of stay, earlier arrivals have by now managed some access to education services in a variety of ways, and some are embedded in host communities. In terms of education access, the post-August influx receives mostly informal education. Currently, government policy requires the language of education to be Rohingya, Burmese and English. Access to certified education for all refugee boys and girls would build the resilience of the community as a whole.

High levels of criminality in the District are closely linked to the settlement economies. Drug trafficking, mainly of methamphetamine or 'yaba', from Myanmar through Cox's Bazar and on into the region's markets has been a long-term issue which has increased significantly in recent years⁵³. Human smuggling and human trafficking has also been a source of income from the displaced community, though the flow of departures by boat from Cox's Bazar has dropped since the Andaman Sea crisis of 2015. Strong links between displaced people, including self-identified camp and block management committees in the makeshift settlements, and well-established local criminal networks engaged in human and drug trafficking present enormous challenges to site management and to refugee protection.

OPERATIONAL CAPACITY AND CONSTRAINTS

The JRP brings together over 130 partners. Some 127 international and national NGOs are known to be supporting the Government of Bangladesh in responding to the crisis. This includes at least 13 local, 45 national and 69 international NGOs. The vast majority of these NGOs work in various types of partnerships. A total of 12 UN agencies and the Red Cross and Red Crescent Movement are also supporting response activities. In addition, there are many more civil society actors, including faith-based organisations, and various government-to-government support programmes present in the response.

NUMBER OF PARTNERS BY SECTOR



The Government has supported the clearance of NGOs through issuance of FD7 and related visas since the onset of the crisis. This approach will need continued support and streamlining for timely clearances given the scale of the needs and urgency of the response. To date, most partners have relied on emergency clearances called FD7s to initiate operations, which also require expansion of scope, timeframe and reduction of separate procedures for staff

52. Informal education has been in place for registered refugee children in the Kutupalong and Nayapara Refugee Camps since 2009.

53. Rakhine Advisory Commission report.

clearance. For a sustained and effective operation, NGOs now need to be rapidly granted more inclusive clearances, with a longer timeframe, coupled with the visas required to support requisite continuity.⁵⁴ Timely FD1 and FD6 clearance will facilitate the ability of humanitarian actors to ensure an appropriate response.

While there are now a significant number of national NGOs present, many are new to Cox's Bazar and to large scale refugee relief operations, and UN agencies and international NGOs have tended to use a small set of national implementing partners who have become over-stretched. Two-way capacity building is required. National NGOs have the knowledge and understanding of Bangladeshi communities and wider Bangladeshi systems and approaches, while the international community can provide expertise and training in technical aspects of refugee operations as well as support in administration and management for smaller national NGOs. There is an urgent need for trust building and diversification of partnerships to expand implementation capacity.

Expedited customs clearances for relief items, and use of ports with adequate facilities, will continue to be required to ensure continuity of the operation, and to enable emergency response in the cyclone and monsoon seasons. Expedited clearances have been essential to the operation in the first months and will remain so going forward, given the criticality and scale of supplies needed. Importing some items, including VHF radios and devices with SIM slots, requires prior permission from specific authorities which also needs to be processed in a timely manner⁵⁵. Ports with adequate logistics support, including cold chain capacity, are required. Chittagong Airport's runway is not long enough to take large aircraft and does not have cold chain facilities, so Dhaka remains an important airport for receiving incoming air cargo.

Rapid, simultaneous scale-up of organizations has resulted in national recruitment challenges. Multiple waves of international surge staff have been essential to support the rapid scale-up, but at the expense of continuity and relationship building, and with the rapid turn-over complicating the establishment of operation-wide systems. Competition for national skilled labour, and a lack of clarity on the acceptability of and approach to engaging refugees in voluntary roles have complicated national recruitment for the operation. The lack of harmonization of both salaries and volunteer incentive rates has contributed to such complications. The operation is now on a third wave of international surge staff, with agencies now focusing on nationalizing posts to the extent possible and recruiting posts for the longer term, which will better support the functionality and predictability of the operation going forward.

Concerns have been raised regarding limitations on humanitarian access to the camps at night. In addition, at least 27 checkpoints have been established on roads in Cox's Bazar as security measures that result in restrictions to refugees' freedom of movement; they are not allowed to leave the settlements. While arrangements have been made to allow access for medical emergencies, this restriction does limit the ability to reach refugees, and gives rise to safety concerns with limited oversight at night. On the other hand, physical access to the settlements during the day is relatively open to anyone, giving way to other types of safety concerns. For example, traffickers are able to access the settlements without going through security checks. A large range of non-traditional donors, small and large NGOs and other groups have been operating in the settlements, sometimes through one-off distributions or constructions. This makes it difficult to ensure adherence to standards⁵⁶.

54. The NGO Affairs Bureau issues clearances for all NGO activities involving transfer of foreign funds. The emergency approval (FD7) has limitations on timeframe and inclusion of activities. The FD6 is a longer-term approval which can include a broader range of activities and NGO requirements.

55. ETS 26/10/2017

56. DevEx 17/07/2017

ONGOING ASSESSMENTS

(Not Exhaustive)

Needs and Population Monitoring Assessment: monthly multi-sector assessment in all locations where Rohingya refugees are living

Daily tracking of new arrivals estimates: monitoring for assistance purposes on a daily basis

Daily flow monitoring: captures a daily movement of people between different settlements (refugee camps, makeshift settlements and spontaneous sites).

Family counting: update the demographic and protection and vulnerability profile of refugee population residing in settlement or camp-like settings.

Household survey in Kutupalong-Balukhali Expansion site: multi-sector sampled household assessment.

Food Security Surveillance: quarterly monitoring of food security situation in settlements.

Food Security Sector Market monitoring: records the cost of key food and non-food items in major market centres.

Landslide and flood risk mapping

Education and Child protection assessment

SMART (Nutrition) and Refugee influx Emergency Vulnerability Assessment (REVA) VAM, Food Security Sector)

The Assessments Registry gathers assessments conducted across the Sectors. To date, 78% of assessments focus on refugee population and 18% focus on both the host community and refugee population. 88% of the assessments are one-off. Systematic assessments with consistent methodology and periodic updates are being planned by the Sectors. Lack of clear quantitative and qualitative analysis and uneven geographic coverage of the assessments remain a challenge which will be addressed in the coming ten months.

Key information gaps include:

- Information regarding the volume of deep aquifers in Ukhia and Teknaf.
- Needs of immediately affected host communities and Rohingya refugees in host community.
- Extent of smuggling, trafficking and exploitation among the refugee and host communities, and other protection concerns, especially at night.
- Detailed information on utilization of services and health-seeking behavior.
- Mapping of the quality of services provided.
- More sex- and age-disaggregated data in assessments, monitoring and reporting across sectors.

PLANNED ASSESSMENTS

CEA Consortium: Media Monitoring and Rumor Tracking 2018

Health needs assessment (status and risk of population, health access and availability, performance of health system)

Unified registration database to support protection and assistance delivery as well as solutions

Rapid review of government hospital services (Sa-daar Hospital and Ukhia/Teknaf upazilla health complexes) - Interagency.

Host family / Rohingya in non-camp settings assessment – shelter and non-food item needs.

Registered Refugees and those who arrived prior to Aug 25: assessment of specific shelter and NFI needs.

Pre-fabrication of materials in host communities – capacity assessment.

Housing, Land and Property needs assessment.

Protection analysis across all sites.

GOVERNMENT RESPONSE

In an admirably rapid response, the Government of Bangladesh, acting through multiple Departments, jumped into action upon the initial arrival of the refugees and continues to deliver. The Ministry of Disaster Management and Relief, represented by the Refugee Relief and Repatriation Commissioner (RRRC) at the local level, is charged with operational coordination of the response. The Deputy Commissioner's Office and his entire team were key initial responders as well. Two thousand acres of Forestry land were quickly allocated to shelter the refugees. The Military were engaged in September and continue to provide on the ground support and distribution of substantial relief items received from civil society and the private sector through the District Authorities, as well as construction of roads and WASH facilities.

The Ministry of Home Affairs led biometric registration, with technical support from the Bangladesh Immigration and Passports Department, registering 1,040,000 people as of 27 January. The Government, through multiple Ministries and entities, has engaged in multiple response activities including road construction. As of 27 January, the Military has completed 7.7 kilometers of the main road in the Kutupalong-Bakukhali Expansion Site. The Military has also completed 2 kilometers of an additional access road. In addition, the Local Government and Engineering Department has completed 9.25 kilometers of 10 different access roads. Expansion of 9 kilometres of electricity networks and installation of WASH facilities and public lights, health posts and family planning support have been established in the site. Medical care has been provided to those in need, with referrals received through the Cox's Bazar District Health Complexes and Chittagong Medical College.

In October, the RRRC deployed 20 Camp in Charge officials (CiCs) responsible for camp management in the larger sites for short term rotations. This number will go up to 30 in the coming months, covering additional camps and settlements and with longer term staff deployments. Site management partners also offer management support at the zone level, in support of the CiCs, conducting community-level mapping as well as setting up complaint and feedback mechanisms.

The Military played a key role in organizing relief distribution, logistics and construction in the first phase of the response: now, extending the civilian administration for camp management and provision of security is the priority, including through harmonizing and establishing a more predictable CiC system which can work in tandem with the variety of humanitarian and other stakeholders to deliver emergency response, as well as ensure governance structures.

The Government also assigned significant resources related to law enforcement. For example a total of 2,158 members of the Bangladesh Police (Cox' Bazar District Police - 950, Special Branch-43, Armed Police Battalion - 450, Rapid Action Battalion - 190, Highway Police - 150, Police officers from other units - 375) have been deployed in Cox's Bazar District as of 6 March 2018. In addition, 316 members of Bangladesh Police have been deployed in Bandarban district. A new RAB forces camp was established in Teknaf. Two dedicated police camps were functional in two registered refugee camps (Ukhiya-Kutupalong camp and Teknaf-Noyapara camp) before the influx. In addition to that, Bangladesh police established five new police camps in the camp areas where 50 police are deployed at present. There is a plan to increase the number of police up to 100 on the availability of the forces.

Additional details on the wide range of the Government's response are provided in the table below. The Government has kindly provided this information for inclusion in this document.

INDICATOR	IN NEED	BASELINE	TARGET
1	Number of shelter seekers	691,768 persons	Approximately 6 lakh 91 thousand and 768 refugees entered into Bangladesh from 28 August, 2017 till 3 March, 2018. The number of Myanmar residents who took shelter in Bangladesh including 3 lakh Rohingyas, before August 25, 2017, is about 10 lakhs.
2	Number of registered shelter seekers	10,80,726 persons	Directorate of Passport operates 50 registration booths in collaboration with BGB. Rohingyas who entered before August 25, 2017 have also been registered for biometric registration.
3	Number of orphan children shelter seeker	36,373 persons (Male-17,395 and female-18,978). 7,771 persons do not have both mother-father	The Department of Social Services completed the survey activities. In order to supervise and protect the orphan children, a project proposal is in progress in the joint venture of the Department of Social Welfare and UNICEF.
4	Number of pregnant women	So far 17,100 pregnant women have been identified	Department of Family Planning, Cox's Bazar is conducting survey activity which is ongoing.

INDICATOR	IN NEED	BASELINE	TARGET
5	Number of children born under maternity care	2,370 people	According to the data obtained from the Civil Surgeon, Cox's Bazar and Deputy Director, Department of Family Planning.
6	Land allocated for the new camp	5,800 acres	As the number of shelter seekers increased steadily, the amount of land required for the expansion of the new camp area in Ukhia has been reconstituted to 5800 acres in the initially selected area of 300 acres.
7	The establishment of shelter for refugees	30	a) In order to facilitate administrative management, the campus of Kutupalong-Balukhali in Ukhia has been divided into 20 camps. In addition, Ukhia's Hakimpara, Jamtoli and Putinoli of Putibania and Teknaf, Unchprang, Alikhali, Leda, Jadimura, Noapara Shalvan and Shamlapur were also identified as separate camps. As a result, the total number of camps have increased to 30. In the first 23 camps, one person has been given the responsibility of camp management. The remaining camps have been brought under the administration of the Ministry of Public Works with the availability of officers.
8	Temporary shelter construction	195,000 houses	Initially there were targets for building 84,000 temporary houses. The targets have been revised to 2 thousand after the continued entry of refugees and the number reaching closer to 7 lakh.
9	Provide food and other essential relief assistance to shelter seekers	Approximately 8,9950 people (183,989 families)	a) Currently, rice is being supplied in every round (after 15 days) 30 kg (5 member families) and 60 kg (family members of 5) by the World Food Program. Already 9 rounds have been provided. Organic oil, sugar and salt are being provided periodically from November.
10	Establishment of tube well in Camp area	6,057	a) At the initial stage those shallow tube well has been established, among 1179 shallow tube well became useless. It is under implementation to replacement disabled tube well and if needed, establish new deep tube well. Apart from, DPHE is supplying water every day in a number of camps using 14 mobile treatment plant, 7 mobile water carrier (3000 liter capacity). At present, there is no permission to set up any kind of shallow tub well.
11	Establishment of latrine in Camp area	50,180	a) At the initial stage those latrines have been established, among 9743 latrines became damaged. It is under implementation to replace disabled latrine and if needed, establish new latrine. With support of UNICEF, 10000 latrines have been built by AFD in new Camp area of Kutupalong-Balukhali at Ukhia Upazila. An initiative has been taken to build more 5000 bathroom with latrine by the help of AFD, with support of UNICEF. To build the programme of latrine and bathroom is running under AFD as well.
12	Electricity in Camp area	9 k.m.	a) 9 k. m. eclectic connection has been completed among 17 k. m. long connection which is recommended for Kutupalong-Balukhali at Ukhia Upazila with help of rural power committee. It is requested to rural power committee to complete rest of 8 k.m. line connection soon. Mention that, this eclectic connection could use only in Camp office and other administrative office area.
13	Build link road in Camp area	13.5 k.m.	a) 90% road construction has been completed, among 11.79 k.m. distance 14 roads which could be implemented by LGRD.
16	Construction of temporary storage room	19	WFP has constructed 19 temporary storage. More are in the pipeline being constructed.
17	Asylum seekers in Bandarban district have been relocated	16,198 persons	The Rohingyas who took shelter in Poshchimkul of Ghumdum Union and Chakdala of Sadar Union under Nykhanchori Upazila, have been relocated in Kutupalong mega camp.
18	Control of spreading out side of fixed area	50,958 persons from Cox's Bazar district and 72 persons from other districts who are rescued, have been transferred in to Camps	In order to control the movements of Rohingyas, 11 Police check posts have been operating in Ramu, Teknaf, Ukhia and Sadar Upazila.
19	Preparation to meet the disaster	Transfer to secured location who are located in probable landslide and mud flow.	a) Probable landslide and mud flow have been identified with the support of UNHCR and with support of Asian Disaster Preparedness Center (ADPC) and Dhaka University. One Lac people who live in these areas, will be relocated in secured area. Camp expansion work has been started in the western part of newly setup camp in Kutupalong- Balukhali of Ukhia.

INDICATOR	IN NEED	BASELINE	TARGET
20	Steps taken to protect from wild elephant	Twelve Rohingya died by attack of wild elephant	The passage of elephant has been squeezed, as a result five attacks have been taken place in Ukhia, Kutubpalong, and Balukhali new camp areas. In future the passage of elephant movement will be determined to protect from attack of elephants.
21	Protection of Environment and Forest	More than 500 acres Forest land disappeared	Since there is no alternative arrangement of fuel for cooking food, as a result, from the very beginning there is no extra pressure on forest land near Camps. To reduce on forest land, initiative was taken to supply fuel economy cooker and Carchol. By this time One hundred thousand families were covered, but due to shortage of supply it is not possible to continue the services. As an alternative, it is decided to supply biogas and LPG in a lower scale. Initially one thousand local families and ten thousand Rohingya families are under this coverage. It would be expanded step by step. At the same, subject to the availability Charcoal will be supplied. Beside production of biogas in lower scale and supply would be arranged.
22	Protection of Graveyard	Arrangement of the grave of the dead	Till now hundreds of people died due to illness, accident of boat and fire, attack of elephant and ageing. There are fixed and protected graveyard to buried dead body in most of Camp area.
23	Education	Informal education programme	According to international organizations, more than 4 Lac boys and girls need educational support. By this time, 1114 education center is established and 1805 teachers are recruited. In this learning center, 113761 boys and girls who are under 14 years age has been taught informal education both language Myanmar and English. Managing committee has been formed and activated for 417 education centre. Education kits has been supplied to 78285 students till now. New learning centre establishment and educational kit supply program has been continued.
24	Development of nutrition	Preventive programme for malnourished health risk	According to international organizations, 470000 Rohingya attacked malnourished problem. Most of shelter receiver is victim of general malnutrition. Among this, a significant number is child and pregnant women. Till now, 25836 children under 5 and 1701 pregnant women has given nutrition treatment. 76815 children under 5 and 23491 pregnant and breastfeeding women has taken under supplement nutrition programme.
25	Future Plan	To keep continue humanitarian aid programme	Existing 6-month long emergency assistance programme that started in September 2017, will be completed in February 2018. There is no alternative way to stop humanitarian support programme until repatriation is completed. For this reason, a Joint Response Programme -JRP has been framed for Mar-Dec 2018 with an initiative of UN agencies involved in this programme to continue the existing programme along with probable risk of future challenge. Total 950 million US dollar is needed as support under this programme. Food security, wash, shelter and non-food products, camp site management, health, nutrition and emergency education related emergency activities are the main key points of this project. Under this project minimum 25% will be used in different sector-wise development for local people. Suggestions were taken from different stakeholders including Office of the Refugees Relief and Rehabilitation Commissioner in order to prepare the programme and rehabilitation process.

PART II:

RESPONSE STRATEGY



STRATEGIC OBJECTIVES



1. Provide timely lifesaving assistance and protection, as well as improve the living conditions of Rohingya refugees⁵⁷ and affected host communities.



2. Ensure well-being and dignity of Rohingya refugees⁵⁸ and the affected host communities.



3. Support environmentally sustainable solutions.



4. Building confidence and resilience of Rohingya refugees⁵⁹ and the affected host communities.

PROTECTION FRAMEWORK

The 2018 humanitarian response is embedded in a protection framework, which recognizes the primary role of the Government and the host communities in protecting refugees, in addition to the essential role played by humanitarian and development actors, both international and local, in supporting and complementing the Government's efforts through forward looking coordinated delivery across all sectors. The four Strategic Objectives focus on protecting and supporting refugees, saving lives and strengthening their ability to sustain themselves, which will also support them in rebuilding their lives when the conditions in Myanmar become conducive to return. The protection framework is based on international refugee protection and management standards and guiding principles for humanitarian interventions.

The protection framework includes a community-led, rights-based and participatory approach to assistance; protection and gender mainstreaming; the principle of do no harm; and accountability of humanitarian actors to affected communities through effective, transparent and honest community participation and through the availability of information and an active complaints and feedback mechanism. The protection framework also leverages the capacities of refugees, who can contribute significantly to their own protection and solutions through active community participation with an age, gender and diversity balance.

PROTECTION FRAMEWORK: FOUR PILLARS

The four pillars of the protection framework rely on an integrated approach, strong cooperation with the government authorities and involvement of host communities. They focus on incrementally achieving four overarching goals:

- 1. Securing the identity of refugees through registration and documentation**, including civil documentation, to ensure refugees can exercise their basic rights of assistance provision and to facilitate solutions;
- 2. Strengthening the protective environment for refugees through improved access to information and services of national systems** in order to reduce dependency on humanitarian aid, as well as adoption of an inclusive and equitable approach to the response taking into account the needs of the host communities;
- 3. Addressing critical living conditions in refugee settlements to reduce protection risks of vulnerable refugees, promote alternatives to potentially harmful coping mechanisms and improve social cohesion.** This is achieved by scaling up services and infrastructures with due regard to the access needs of communities and individuals throughout the planning and implementation of all programming.
- 4. Preparing for durable solutions in the short- and mid-term by promoting refugee self-reliance, and by working with development actors alongside central and local government authorities**, organizations and host communities with a view to achieving sustainability and a mutually beneficial use of resources while also pursuing conditions for voluntary, safe, dignified and sustainable return to Myanmar.

57. In keeping with its policies, the Government of Bangladesh refers to these people as "Forcibly Displaced Myanmar Nationals" in the present context. UNHCR and the rest of the UN system refer to this population as refugees, in line with the applicable international framework for protection and solutions, and the resulting accountabilities for the country of origin and asylum as well as the international community as a whole.

58. Ibid.

59. Ibid.

PEOPLE IN NEED

From March – December 2018, humanitarian and development agencies will seek to meet the needs of Rohingya refugees / *forcibly displaced Myanmar nationals*, along with immediately affected Bangladeshi host communities, ensuring that all needs are prioritized equitably with both conflict sensitivity and activities aimed at building social cohesion. Responses will be provided on the basis of need, ensuring that the most pressing ones are met without generating conflict between groups. Programming that was ongoing prior to the influx will be maintained, expanded or adjusted as appropriate for sectors to manage the current situation.

Within the four objectives – providing lifesaving assistance and protection and enhancing resilience– the relationship between refugees and the host communities is fully recognised. The plan therefore includes a comprehensive refugee response and a response for Bangladeshi host communities focused on four key areas: environment and eco-system rehabilitation; agriculture, markets and livelihoods support; community and public infrastructure; as well as health and education.

Within the full scope of the plan, a sub-set of prioritized activities is designed to address the greatest risks: loss of life and a breakdown of social cohesion. The humanitarian community will prioritize these critical activities to limit rates of mortality and morbidity (taking note of the impact of cyclone and monsoon seasons, and potential disease outbreak), as well as maintain social cohesion as well as refugee safety and dignity. Conflict sensitivity is central to the plan and is essential for social cohesion.

PRIORITY ACTIVITIES

Given the conditions of the Rohingya refugee population, needs are great. However, the highest priority activities that have been defined as a sub-set within the scope of the plan are those which will address the greatest risks of mortality and morbidity, as well as the greatest risks to child/women/overall protection as well as to social cohesion.

This sub-set of priority activities has been defined by the Sectors in collaboration with the Inter-Sector Coordination Group. Full sector strategies are defined in Part III.

Registration

- **Registration in a unified database.** Support provided to the Government of Bangladesh for individual registration of all refugees. Continuous verification and update of the unified database to support identification of critical needs and assistance delivery as well as realization of solutions;
- **Documentation provision to all refugees to ensure their safety, security and identity,** enabling movement within the cleared areas and to engage in productive activity;
- **Identification of extremely vulnerable individuals early on upon arrival and registration,** to ensure speedy protection responses and prevention of further risks. This category of extremely vulnerable individuals includes survivors of rape and torture, unaccompanied and separated children, families headed by individuals with particular needs (e.g. women, children or the elderly), disabled individuals, and others at imminent risk.

Site Management

- **Site planning and development works for access and disaster risk mitigation** including road construction, hill retention, supporting decongestion to the extent possible, and an engineering base to support access clearance during monsoon;
- **Site Management Support to CiCs in camps,** supporting coordination and monitoring of services, communication with refugees, community participation, small scale site improvement and risk reduction works; assessment and monitoring (NPM and REACH);
- **Quick Impact Projects in host communities,** driven by community defined needs.

Water, Sanitation and Hygiene

- **Water Supply:** Provide sufficient quantity and quality of safe water to all targeted population through context specific surface or groundwater-based water supply systems. Promote evidence-based water supply systems through detailed hydrogeological assessments;
- **Sanitation:** Access to safe & acceptable sanitation (latrine & bathing facilities) services with a safe excreta management system in place; implementation of modified Community Led Total Sanitation approach in the host community; reduction of negative health impact of solid waste through context-specific sturdy solutions;
- **Hygiene:** Ensure basic hygiene practices for both refugees and host communities, particularly in regard to the proper use of WASH facilities, Household Water Treatment and strengthening the modified Community Led Total Sanitation approach in Bangladeshi Host Community.

Health

- **Strengthening routine immunization** activities;
- **Outbreak preparedness and response:** Improving early detection, surveillance, investigation and response to epidemic prone diseases;
- **Primary Health Centres and Health Posts:** Consolidating preventive and curative services based on the government endorsed essential package of health services;
- **Reproductive Health:** Ensuring access of all women in need to the Minimum Initial Service Package (MISP) for reproductive health in crisis situations; promoting facility based deliveries and increase antenatal care coverage;
- **Mental health:** Mainstreaming mental health services in primary healthcare facilities and facilitate referral to higher level.

Food Security

- **General Food Distribution:** Continue life-saving, life-sustaining blanket food distribution to the refugees (post 25th of August) and old unregistered refugees, transferring from in-kind GFD to e-voucher by the end of the year;
- **Emergency preparedness:** Emergency distribution of fortified biscuits and ready to eat meals for emergency response. Distribution of fortified biscuits and cooked meals as natural disaster emergency response for both refugees and host communities;
- **Livelihoods for host communities:** Support the livelihoods of the most affected host communities by creating job opportunities, income generation activities, with a special focus on marginalized farmers, women from the poorest households and large families;
- **Reducing refugee dependency:** Promote opportunities for resilience and empowerment in camps, targeting the most marginalized, including promotion of social opportunities and social cohesion;
- **Coordination,** market price monitoring, food security and nutrition monitoring system.

Nutrition

- **Treatment for Severe and Moderate Acute Malnutrition:** Provide life-saving interventions to treat Severe Acute Malnutrition (SAM) among children under 5 and other vulnerable groups through stabilization centers for SAM with medical complications and Outpatient Therapeutic Care programs (OTPs). Provide life-saving interventions to treat Moderate Acute Malnutrition (MAM) among children under 5, Pregnant and Lactating Women (PLW) and other vulnerable groups through targeted supplementary feeding programs (TSFPs);
- **Strengthened malnutrition prevention:** Strengthen malnutrition prevention interventions through provision of comprehensive Infant and Young Child Feeding (IYCF) interventions, including counselling to PLWs to sustain breast feeding and appropriate complimentary feeding for children aged 6-23 months, and Blanket Supplementary Feeding Programs targeting children under 5 and PLW.

Shelter and Non-Food Items

- **Shelter upgrade:** Providing shelter materials, tools and technical assistance to upgrade shelters and to improve the plots around the shelters;

- **Alternative fuel and cooking stoves:** Distributing alternative cooking stoves along with appropriate education and fuel to reduce reliance on wood fuel;
- **Emergency preparedness:** Pre-positioning of shelter materials and essential household items for emergency response; assessment of safe havens for temporary relocation; replenishment of perishables, and distribution of supplementary items on a needs-basis.

Education

- **Children and youth enrolled in learning opportunities** in camps, settlements and host communities, with priority to early learning and primary age children from 3 - 14 years;
- **Safe, protective and equipped classrooms** established and functional with adequate sex-disaggregated WASH facilities;
- **Learners and facilitators provided with standardized education materials** (student kits, school kits);
- Learning instructors from refugee and host communities trained on foundational teaching and content and psychosocial support.

Protection, including Child Protection and Protection from Gender-Based Violence

- **Community-based response:** Engagement of communities in the response to support access to information and services, increase awareness and enhance individual and community resilience and coping mechanisms;
- **Case management and psychosocial care:** Provision and expansion of quality services, with a focus on individual case management and psychosocial care for persons at heightened risk, in particular women, adolescent girls and children at risk of gender-based violence, trafficking, exploitation and abuse;
- **Social cohesion activities prioritized and strengthened between refugees and affected host communities.**
- **Orientation to police and military on protection, gender, gender-based violence and PSEA awareness** and promote increase in number of women in the police force, military and at police checkpoints.

Communicating with Communities

- **Language provision:** Develop a standardized and agreed methodology for language provision for the use of all humanitarian actors including interpretation;
- **Humanitarian information and communication servicing** including radio and other mediums;
- **Systematic consolidation of community feedback** to inform programmatic decisions, and to create messages back to the community (including rumour tracking and response), using one mechanism

Logistics and Emergency Telecommunications

- **Common storage:** To enable the response, provide common storage facilities in logistics bases in Ukhia and Teknaf;
- **Telecommunications equipment:** Support the humanitarian response through inter-sector initiatives to communicate key information to and from affected communities, including mobile kits for Information Hubs, expansion of the coverage of community radio;
- **Augmentation of the current telecommunications services delivery and capacity** to ensure all humanitarian areas in Cox's Bazar are covered to allow humanitarian workers to deliver their response.

RESPONSE FOR ROHINGYA REFUGEES / *FORCIBLY DISPLACED MYANMAR NATIONALS*

To ensure that refugees can exercise their rights and that assistance is effectively targeted to people in need, to achieve equity in assistance delivery, and to control duplication and manipulation of beneficiary lists, as well as to facilitate solutions, operational actors will use a unified database for assistance delivery, which will contain biometric information on the whole refugee population disaggregated by sex and age. UNHCR and WFP will support the Ministry of Home Affairs to align and harmonise existing databases, ensuring no one is missed and that assistance can be accurately targeted.

It is clear that internationally recognized indicators for humanitarian assistance delivery cannot be met within the current parameters, given limited space availability and the resulting high density, especially in the Kutupalong-Balukhali Expansion Site. Alternatives which would support the immediate decongestion of the population are the only option to fully meet objectives. While solutions could be found to fundamentally improve conditions in the Expansion Site in some sectors (such as multi-story accommodation, or urban scale sewerage systems), and these are flagged clearly by the sectors, the timeframe and financial requirement for implementation of these largescale interventions goes beyond the reach of the ten month plan.

Sectors will improve conditions to the extent possible within the current parameters, defining clear, achievable standards and with a view to incremental improvement in conditions. In coordination with the Government, priority will be given to infrastructure (roads, terracing and hill retention, and drainage), WASH and Health facilities within the current space restrictions, as these facilities are critical to mitigate the impact of the upcoming weather hazards and will contribute to saving lives. A comprehensive multi-sector response will not be possible within current parameters, but sectors will focus on improving quality and achieving robust and sustainable assistance and services to the extent possible. The Site Management Sector will include a strengthened taskforce to develop alternative scenarios, including planning and costing for a more comprehensive response that can more closely meet international guidance, but which is contingent on additional land (and to ensure a rapid response in case this becomes reality). Humanitarian partners will support decongestion of the Kutupalong-Balukhali Expansion Site to the extent possible, ensuring communities are appropriately engaged and consulted in site planning and relocation processes, and that relocation support is available and equitable.

In support of the RRRC CiCs, the responsible camp managers, Site Management Support will be designated for coordination, and Sector Responsible Agencies for delivery at camp level, following the established RRRC camp boundaries. The RRRC has CiCs allocated to Camp level, currently in 20 Government-designated camps. The number and coverage of CiCs will expand to 30 locations (23 within the Kutupalong-Balukhali Expansion Site, and immediately



south - Jamtoli, Hakimpara, Potibonia; the remaining 7 still further south, where CiCs will cover Unchiprang, Chakmarkul, Shamlapur, Jadimura, Domdomia, Alikhali in Greater Leda, and Shalbon in the Nayapara Extension). Site Management Support (SMS) will remain in place to support CiCs in ensuring adequate monitoring and coordination at site level and ensure equitable governance and consistent community engagement. CiCs and SMS will work with designated Sector Responsible Agencies to monitor and implement services across the sectors to achievable sector standard.

Sectors will establish capacity to ensure coverage in other sites, and more dispersed settings. This includes the settlements to the South, and host community settings in Ukhia and Teknaf, sites where Sectors will also designate responsible agencies. Multi-sector interventions by single agencies in specific sites, and other synergies between sectors, will be identified and prioritized across the response. Two humanitarian hubs will remain in place (at Ukhia and Nhilla), providing work and meeting space for humanitarian partners in the field.

The response will focus on saving lives and protecting refugees, but also on reducing their dependency, in order to enhance their ability to cope with the crisis. For refugees, resilience will help them prepare for any solution that may materialize. Initiatives will include cash for work programmes as an element of delivery where possible; informal education targeted across gender and age groups, covering life-skills; and vocational trainings, targeted especially at youth and women.

EMERGENCY PREPAREDNESS AND RESPONSE

Recognising that acute emergency will be faced during the early rains and compounded by the cyclone and monsoon seasons, emergency preparedness and response is an integral part of the plan across all sectors. Sectors will prepare for a first phase emergency response for weather related hazards, including for further arrivals in 2018, disaster risk mitigation and prepositioning. The early rains, as well as the cyclone and monsoon seasons, will require significant responses, including the likelihood of large scale secondary displacement and restricted access into the sites. A logistics and engineering hub (SMEP) will be located near the Expansion Site, and will preposition heavy equipment for clearing landslides and creating access.

Mechanisms for assessing need and delivery of critical assistance during the difficult monsoon months will be included, as will rapid identification of relocation possibilities, mobile response teams and porter systems. Disaster risk reduction considerations will inform all sector planning: the critical window for preparation and preparedness ends latest in early April 2018. An Emergency Preparedness and Response Taskforce has been established to coordinate with government efforts and oversee risk reduction and management plans and investments.

BANGLADESHI HOST COMMUNITY RESPONSE

Under the leadership of the Government, support will be extended to local host communities, who are experiencing the strain of the influx, to improve their ability to cope with it and to maximize the gains and opportunities this presents for strengthening resilience and development in the affected sub-Districts in the medium to long term. Under the leadership of Government authorities and host communities, the medium to longer term goals and intent will be to mitigate the impacts of the refugee influx on host communities; strengthen resilience of host communities and capacity of local government service delivery to cope with the crisis; and mitigate tensions among communities through increased engagement, communication and programming where possible to promote peaceful coexistence and social harmony.

Host Community consultations spread across the operational areas are underway to ensure social cohesion efforts on a range of issues directly relevant to host communities and refugees. Under the leadership of the Deputy Commissioner, a Working Group is being formed to guide the host community response, forging partnerships with the concerned national and District institutions at the Cox Bazar level, to ensure that assessments and subsequent programme response formulation are undertaken in a consultative manner.

In recognition that further joint analysis and planning by the Government of Bangladesh and humanitarian and development actors is required, steps to work towards collective outcomes that help link humanitarian relief to medium term development will be undertaken during the course of 2018 simultaneous to the JRP. This will include further in-depth analysis in several areas where, based on global experience, a possible impact on host communities

could be anticipated, but of which the exact extent and depth need to be further assessed (impact on the local economy, in all its dimensions; public sector planning and service delivery capacity as a result of additional crisis-generated demands; infrastructure deterioration, bottlenecks and capacity constraints; security, conflict resolution and rule of law sector strengthening; impact on the delivery of government mainstream programmes, including the many components of the national social safety net interventions; response and prevention capacities for possibly increasing intra- and inter-community tension; and challenges of spatial planning and land allocation in function of changing demand scenarios).

Institutional support to core government functions in the management of the crisis, according to need and request, will underpin efforts. Host community response will cross over to link up with broader based responses including development and other funding and will be focused in four main areas:

- **Environment and eco-system rehabilitation:** response will focus on addressing deforestation and fuelwood depletion through reforestation and forest management systems support, including planting of fast growing tree nurseries and seedling production. Environmental outreach and education, conservation and biodiversity protection, and strengthening agro-forestry and collaborative forest management farming systems will be included.
- **Agriculture, markets and livelihoods support:** enhancing food security capacities through livelihoods, targeting the household level (and in particular ultra-poor women) based on vulnerability assessments and including cash grants for livelihoods, support for small business development; social empowerment; fisheries, crops, and livestock support; agricultural activities and farmer field schools; and agricultural inputs.
- **Community and public infrastructure:** Community driven interventions to rapidly rehabilitate key social service, community and economic infrastructure through Quick Impact Projects will be included. This may cover improvements of shared public spaces and community assets (shared infrastructure, public lands, markets, beaches) for communities and local government (District, Upazila and Union level); common infrastructure improvements (drainage, pathways, school rehabilitation, markets); solid waste management; or public lighting.
- **Health and Education:** strengthening government services forms a key part of the plan, in particular in health and nutrition, including disease surveillance, equipment, training and institutional support to the District health complex: Cox's Bazar District Hospital, Teknaf and Ukhia Health Centres; provision of laboratory capacity for water quality testing; learners and teachers provided with education materials; and teacher training.

Host communities will be supported directly through structured interventions across the sectors at District, community and household level, and will include appropriate quick impact projects to alleviate immediate pressure. Service delivery will be designed to ensure adequate support for the population at risk.

Host communities will also be supported indirectly through the design of programmes for refugees, including, for example, Food security sector plans to transition from in-kind general food distributions (GFD) to e-voucher based food assistance, which will benefit selected vendors. Providing opportunity to local businesses will support the ability of refugees and host communities to meet their needs effectively, and ensure maximum indirect benefits to host communities. Shelter and WASH Sectors will also seek opportunities to benefit hostcommunities through production of required materials, such as latrine rings, bamboo mats, treated bamboo or bamboo alternatives.

COMMON SERVICES

A common feedback mechanism will be established to enhance accountability to affected populations. This will include a collective mechanism to collect and collate complaints and feedback, regardless of tools used by individual agencies and sectors, to give a clear, cross response view of trends, issues and concerns, which will form the basis for communications material and messaging via radio and other mediums. Rumour tracking and response will aim to mitigate the anxieties of refugees and their host communities.

Adequate logistics infrastructure will be put in place, including common warehousing and engineering capacity in strategic locations. The Logistics Sector will establish a storage and engineering hub to the north of the Expansion Site, where mobile storage units will be available for temporary storage for all partners (they have been located at Ukhia Degree College to date). As warehousing is very limited in Cox's Bazar, Chittagong (175km from Ukhia with a transit time of approximately 8 hours) will continue to serve as an important logistics hub as it has an international port and airport. The Site Management Sector will establish a joint logistics and engineering platform near the Expansion Site, which will support access into the site during the monsoon.

Two-way capacity building will be extended to new and existing national partners, including local government institutions, to augment response capacity, and with a view to localization of the response. Humanitarian and

development partners will continue to strengthen efforts to evaluate the capacity of implementing partners and track programmes with stronger reporting and auditing tools to ensure effective delivery of critical, life-saving programmes.

CROSS-CUTTING ISSUES

Gender mainstreaming – considering gender specific needs, constraints and vulnerabilities: recognising that the Rohingya refugee crisis has a particularly gendered nature due to the prevalence of women and children (75% of the population) and single mothers (16% of the population), the level and severity of sexual and gender based violence, and restrictive socio-cultural norms, strategies and projects across Sectors have been designed to take specific needs, constraints and vulnerabilities of boys, girls, women and men into account. With guidance from the Gender in Humanitarian Action (GiHA) Working Group, all projects have been Gender Marked in three tiers (self-marking, Peer Review marking, and Gender Adviser marking) to ensure integration of gender considerations across the board.

Protection mainstreaming and Accountability to Affected Populations: with guidance from the Protection Sector, all Sectors and partners have considered protection mainstreaming in their strategies and projects across four key criteria:

- Participation and empowerment: The involvement of beneficiaries at the different stages of the project cycle, and proximity to affected populations through meaningful community engagement and appropriate communication with communities
- Do no harm: Demonstrated commitment to prevent and minimize as much as possible any unintended negative effects of interventions which can increase people's vulnerability to both physical and psychosocial risks.
- Meaningful Access: Demonstrated enabling of equal and impartial access to assistance and services, and inclusion of specific activities to address the differentiated needs of women, girls, boys and men, people of different ages and abilities, or other identified vulnerable groups.
- Accountability: Specific mechanisms to enable beneficiaries to provide feedback and complaints.

Commitment to the Grand Bargain and localization: In line with commitments made in the Grand Bargain, the plan aims to increase localization of the response through two-way capacity building. **Notably, the vast majority of INGO staff in Cox's Bazar are Bangladeshi nationals.** In addition, all sectors have included capacity building elements within their plans with Government counterparts and partners in their relevant technical areas, and all agencies are encouraged to include organizational capacity building as an integrated element of their partnerships, as well as to nationalize posts to the extent possible, and to diversify their partnerships with national NGOs. The ISCG Secretariat will host a Capacity Building Coordinator to map ongoing capacity building efforts and develop a comprehensive strategy for two-way capacity building and strengthen localization. Steps will be taken to ensure that, where the market and relevant rules and regulations allow, the procurement of goods needed for the activities contemplated by this JRP will be done locally.

Environmental sustainability including eco-system rehabilitation: Recognizing the centrality and fragility of the environment, all sectors have been encouraged to take environmental sustainability into account in the design of their strategies and specific activities, including resource selection and sourcing. The Energy and Environment Working Group, under the Shelter and Non-Food Items Sector, has developed a comprehensive multi-sector approach including reforestation, one of the key environmental concerns. Reforestation activities are included under Food Security, and will also aim to provide livelihoods opportunities for host communities. Under Shelter and NFI, provision of alternative fuels and cooking stoves aims to minimize deforestation from the demand side.

Emergency Preparedness and Response: In light of the coming cyclone and monsoon seasons, all sectors have integrated contingency for a first phase emergency response against a Category 1 cyclone scenario, and have considered business continuity during the long monsoon season, when access will be compromised. Disaster Risk Reduction is also mainstreamed, with some dedicated Disaster Risk Reduction (DRR) under the Site Management Sector.

Reducing dependency: With a view to building hope and supporting eventual solutions, all sectors have considered how their activities can be implemented in ways that will also help refugees regain control over their lives: this includes training, such as hygiene promotion; education for children and youth; and community-based protection monitoring.

Social cohesion within the refugee communities, and with host communities: Conflict sensitivity is central to the plan, including consideration to equity, harmonization and coverage, and alertness to opportunities to promote social cohesion between refugees and host communities in project design and implementation, including participation in the same activities, and access to and use of the same services. To ensure that urgent host community needs are addressed rapidly, and to preserve protection space, community-driven Quick Impact Projects are included under Site Management and Protection Sectors.

COORDINATION

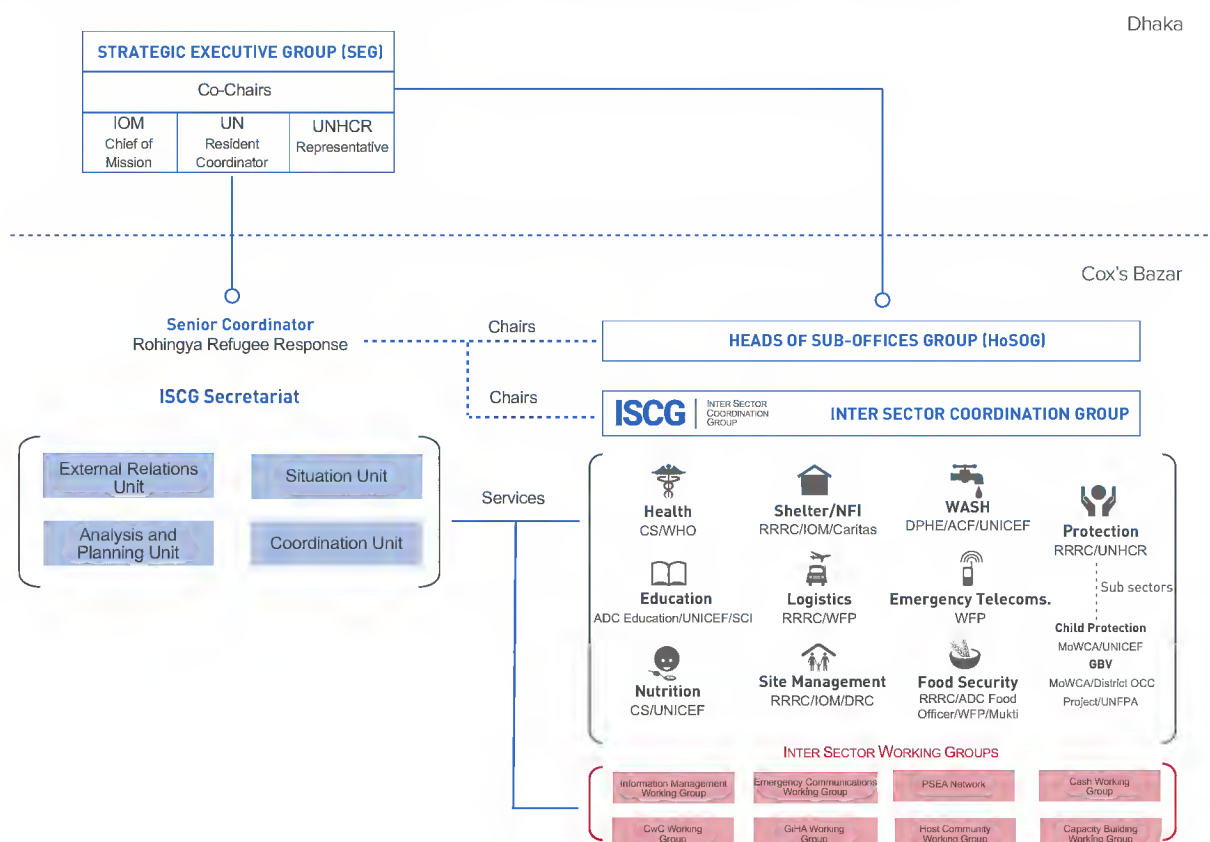
With such a wide and complex set of stakeholders, and with the urgency of the humanitarian situation, clear and effective coordination is essential. Coordination will ensure the most efficient and harmonized use of resources, and quick identification of gaps, duplications, and operational challenges, so that assistance and protection reaches those who need them in a timely way.

The Rohingya response is led and coordinated by the Government of Bangladesh, who established a **National Strategy on Myanmar Refugees and Undocumented Myanmar Nationals** in 2013. That strategy established the National Task Force (NTF), chaired by the Ministry of Foreign Affairs, and including 22 Ministries and entities, which provides oversight and strategic guidance to the response from the Government.

For the humanitarian agencies, strategic guidance and national level government engagement (including liaison with the National Task Force, and relevant line Ministries for sector specific issues) is provided by the Strategic Executive Group (SEG) in Dhaka, which is co-chaired by the Resident Coordinator, IOM, and UNHCR.

For the Government of Bangladesh, the NTF was mirrored at District level by a District Task Force, chaired by the Deputy Commissioner (DC). Since the influx, the Refugee Relief and Repatriation Commissioner (RRRC), under the Ministry of Disaster Management and Relief, who had prior overseen only the registered refugees of the early 1990s (34,000 refugees), had its mandate extended to cover operational coordination for the entire refugee population. The DC continues to play the critical oversight role, and has the primary responsibility for operational coordination of the response for Bangladeshi host communities.

For the humanitarian agencies, at the District level, the Senior Coordinator heads the Rohingya Refugee Response, ensuring coordination with the DC (and the UNOs at the Upazila, sub-District level) and the RRRC. The Senior Coordinator chairs the Heads of Sub-Office (HoSO) Group which brings together the heads of all UN Agencies and Representatives of the international NGO and national NGO community, as well as two representatives of the donor community based in Cox's Bazar. The Senior Coordinator also leads the Inter-Sector Coordination Group, thereby guiding the response comprehensively supported by a Secretariat. The Senior Coordinator has direct reporting lines to the three co-Chairs based in Dhaka. These coordination mechanisms are intended to ensure that adequate synergy is maintained between all the critical stakeholders and that issues of concern are quickly responded to. An overall coherent and cohesive humanitarian response, repository of information and developments and concrete support to various partners and sectors is enabled through the Office of the Senior Coordinator and the ISCG Secretariat.



Government Line Ministries at the Capital level and departments in Cox's Bazar lead the various sector responses, with RRRC taking the lead in some sectors. There are ten active sectors: Health, (Civil Surgeon/WHO); Shelter/NFI, (RRRC/IOM/Caritas); Site Management, (RRRC/IOM/DRC); WASH, (DPHE/ACF/UNICEF); Education, (ADC Education/UNICEF/SCI); Nutrition, (Civil Surgeon/UNICEF); Food Security, (DC Food Controller/RRRC, WFP/Mukti); Protection, (RRRC/UNHCR) (gender-based violence sub-sector, (MoWCA/UNFPA); Child Protection sub-sector, (MoWCA/UNICEF); Logistics, (RRRC/WFP); Emergency Telecommunications, (WFP). Sector Coordinators form the Inter-Sector Coordination Group (ISCG) in Cox's Bazar.

Eight working groups are operational: Communication with Communities; and Host Communities; and Information Management; Cash; Capacity Building; Gender in Humanitarian Action; PSEA Network; Emergency Communications Working Group, all hosted in the ISCG Secretariat. An Emergency Preparedness and Response Taskforce, under the ISCG, has also been set up with strong involvement from all and agencies sectors to create synergy, coordinate with government efforts and identify gaps in planning for cyclone and monsoon.

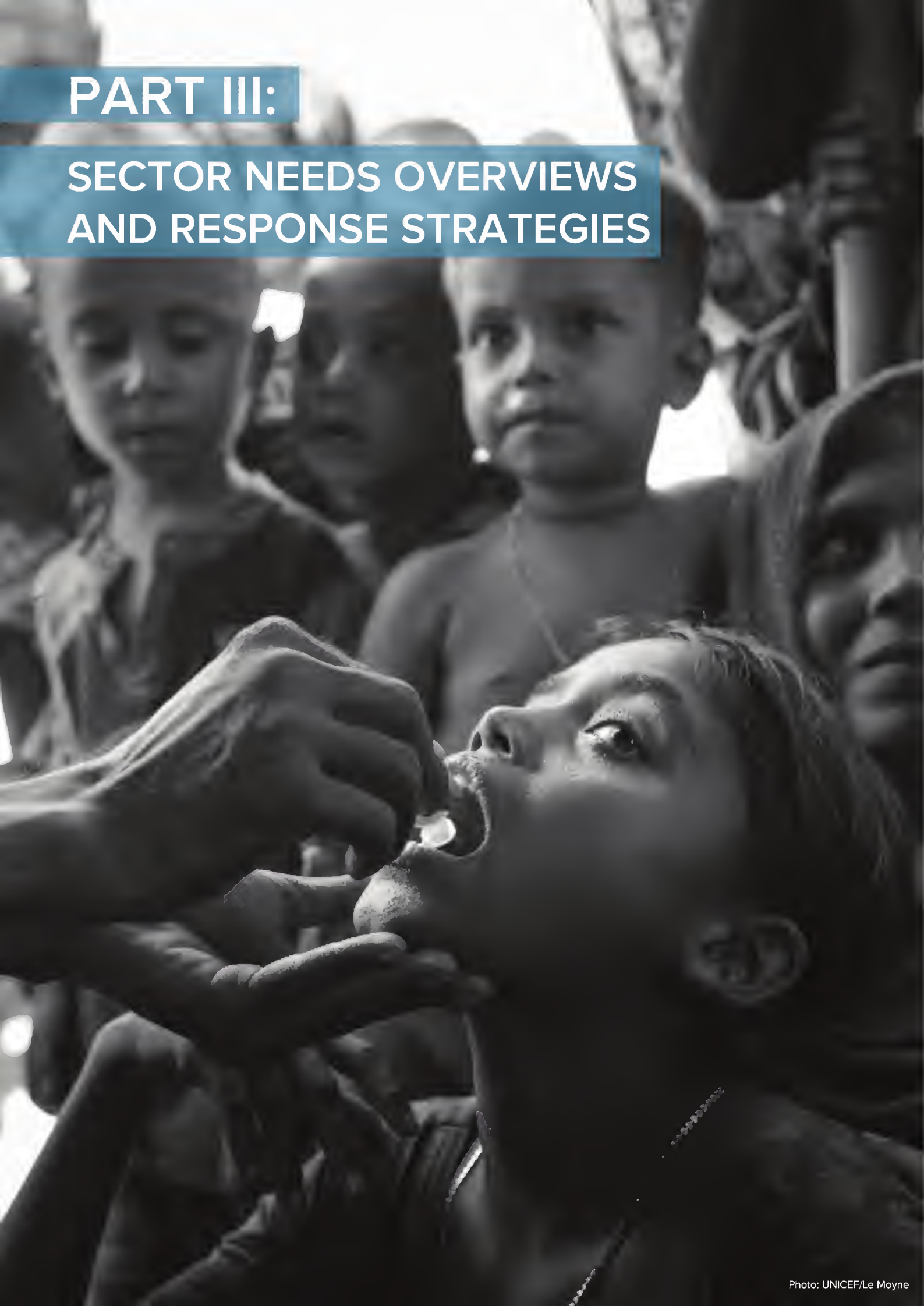
To mainstream and integrate gender equality and the empowerment of women and girls in the humanitarian response for effectiveness and accountability, and to ensure that affected populations of all genders, ages and diversities have equitable access to and benefit from relief, services and information, and that they have equal opportunities to inform, engage in and lead humanitarian response and resilience building activities, the inter-sector Gender in Humanitarian Action Working Group (GiHA WG), led by UN Women and UNHCR, is activated with terms of reference and a work plan to provide cross-sectoral technical support to the ISCG and SEG. In order to ensure availability of gender expertise around the JRP programme cycle, UN Women and the UN Resident Coordinator's Office co-host a Senior Gender Capacity (GenCap) Advisor who is supporting GiHA WG in providing inter-agency technical support on gender mainstreaming. GiHA WG has supported the integration of gender dimensions into this JRP. Sectors were assisted in enabling needs assessments, which informed sector strategies and partner project portfolios, analyzed gender needs and constraints of Rohingya refugees and Bangladesh host communities. In 2018 the GiHA WG will support sectors and ISCG in application of sector-specific gender tipsheets and the IASC Gender Marker to Sector Response Plans, which indicates that the implementation of the JRP will equally/equitably address the needs of women, girls, boys and men. In addition, GiHA WG will continue carrying out joint field monitoring visits and collective feedback through consequent ISCG Gender Profile editions which will serve as gender analysis evidence base to guide JRP implementation.














Photo: WFP/Mojumder

PART III:

SECTOR NEEDS OVERVIEWS AND RESPONSE STRATEGIES

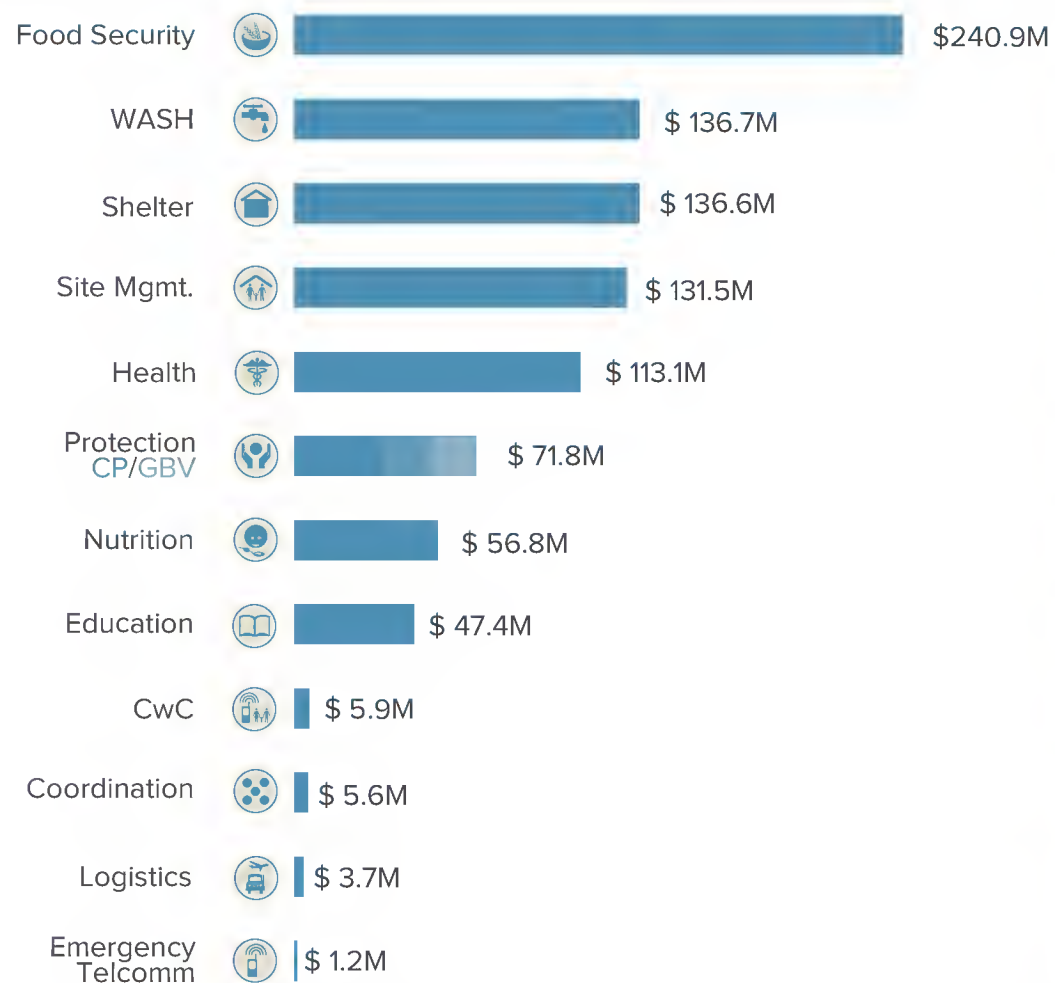


BANGLADESH: NEEDS, TARGETS AND REQUIREMENTS

SECTOR	TOTAL				BY AGE & SEX		UNDER 18		OVER 18	
Sector	People in Need	People Targeted	% of PIN targeted	JRP # of Partners	Male %	Female %	Male %	Female %	Male %	Female %
Education	625 000	540 000	86%	 11	270,000 50%	270,000 50%	223 871 41.5%	223 871 41.5%	45 392 8.4%	45 392 8.4%
Food Security	1 200 000	1 200 000	100%	 23	580 123 49%	628 467 51%	319 326 26%	338 157 28%	267 662 22%	283 445 23%
Health	1 300 000	1 300 000	100%	 35	637 877 49%	663 643 51%	342 956 26.5%	360 495 27.8%	286 000 22.3%	299 000 23.4%
Nutrition	403 889	318 778	79%	 11	125 206 25%	383 695 75%	52 506 12.8%	157 517 38.8%	48 467 12%	145 400 36.4%
Protection	923 590	923 590	100%	 16	443 586 48%	479 004 52%	240 554 26.3%	261 332 28.3%	201 600 21.8%	217 207 23.5%
Child Protection	505 439	505 439	100%	 11	257 774 51%	247 665 49%	257 847 51%	247 535 49%	0 0%	0 0%
Gender-Based Violence	310 795	310 795	100%	 9	33 880 11%	276 915 89%	1 694 0.5%	13 846 4.5%	31 080 10.4%	264 176 84.6%
Shelter & NFI	908 979	813 289	89%	 27	390 379 48%	422 910 52%	213 669 26.3%	230 646 28.4%	199 438 21.8%	191 536 23.6%
Site Management	949 000	949 000	100%	 9	455 520 48%	493 480 52%	249 323 26.3%	269 113 28.4%	207 046 21.8%	223 498 23.6%
Water, Sanitation and Hygiene	1 300 000	1 050 000	81%	 16	515 723 49%	536 772 51%	278 847 26.5%	364 000 27.8%	286 000 22.3%	299 000 23.4%
Communication with Communities	1 300 000	913 200	70%	 7	447 468 49%	465 732 51%	241 942 26%	253 810 28%	200 904 22%	213 730 23%
Orgs. Targeted				# of Partners						
Logistics	N/A	N/A	20	2	--	--	--	--	--	--
Coordination	N/A	N/A	Over 130	4	--	--	--	--	--	--
Emergency Telecommunications	N/A	N/A	20	1	--	--	--	--	--	--

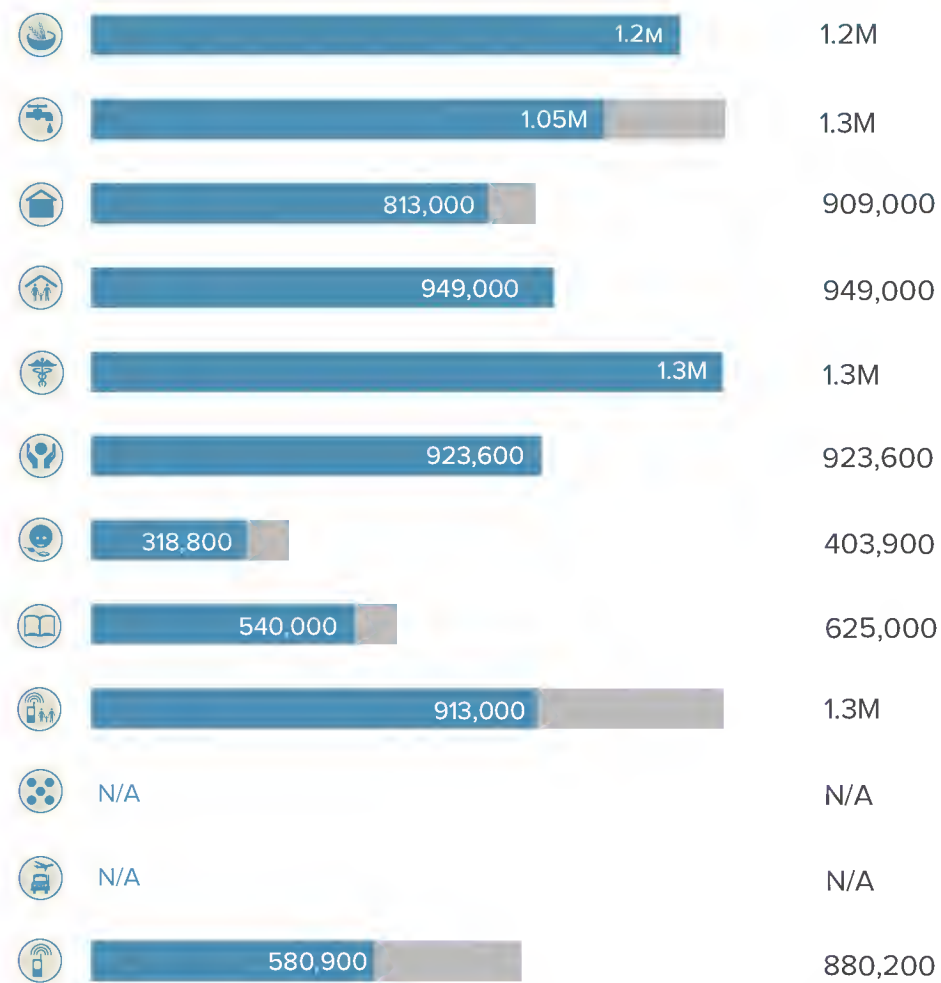
BANGLADESH: NEEDS, TARGETS AND REQUIREMENTS

FUNDING REQUIREMENTS



Total Requirements **\$ 950.8M**

PEOPLE TARGETED VS IN NEED



Total people targeted **1.3M**

PEOPLE IN NEED⁶⁰



1.2M

PEOPLE TARGETED⁶¹



1.2M

REQUIREMENTS(USD)



240.9M

OF APPEALING PARTNERS



23

OBJECTIVE 1:

1 Ensure and sustain timely provision of life-saving and life-sustaining assistance for Rohingya and host communities.

OBJECTIVE 2:

2 Strengthen, enhance and support the livelihoods of host communities and promote self-reliance opportunities for Rohingya refugees, including support to key community infrastructures such as markets, agriculture infrastructures, and environmentally sensitive interventions.

FOOD SECURITY



NEEDS ANALYSIS

The Food Security Sector needs analysis and strategy has been developed and will be implemented together with the RRRC, DC, Department of Agricultural Extension (DAE), Department of Fisheries, and the Ministry of Environment and Forestry.

Previous assessments in Rakhine State in Myanmar have showed a high percentage of the Rohingya population suffering food insecurity. Current food insecurity among refugees in Bangladesh is a result of forced displacement, lack of physical and economic access to food, high mobility within settlements, lack of cooking fuel, movement restrictions and protection issues. Violence, massive human rights violations and the strenuous journey across the border to Bangladesh have further weakened their resilience.

The arrival of more than 671,000 refugees has had a major impact on Bangladeshi host community resilience and food security; lack of economic access to food, low food production, decreased employment opportunities, poor food utilization, resource depletion (including environmental impact), increase in food prices, and market access are the main drivers of food insecurity. Assessments before the 25th of August influx highlighted high poverty rates and food insecurity among the local population in Cox's Bazar District, including IPC (2015 chronic IPC analysis) that reported the host communities being in a severe (7%) and moderate (20%) chronic food insecurity. Natural disasters, deforestation, disease outbreaks, and restriction of movement may prolong and worsen the food insecurity situation throughout 2018 for host communities and refugees.

Overall, the most vulnerable among refugees are households with more than five members, women headed households, and families with children. Within that category, child-headed households and households with more than four children are the most vulnerable, along with single mothers, widows and Pregnant and Lactating Women (PLW). Refugees in Kutupalong and the new settlements are reportedly more vulnerable. High levels of food insecurity were registered among new influx, but also the older unregistered refugees. Gender barriers including access to markets and food assistance put women headed households and single women at a higher risk of food insecurity. For host communities, households with single parents (separated or divorced), women-headed households, presence of PLWs and households with persons with disabilities and the chronically ill are the most vulnerable. Moreover, households that do not own productive assets (including landless, marginal farmers and fishermen) are more exposed to food insecurity.

Negative coping strategies to obtain food are adopted by all profiles including affected host communities. Borrowing money and buying food on credit are the most commonly used coping strategies, as well as consuming less preferred food. New refugees with means get food by selling their remaining jewellery and gold brought from Myanmar, sharing food rations, and receiving support from relatives. Food assistance reduces the adoption of negative coping strategies: recent Rohingya Emergency Vulnerability Assessment (REVA) survey shows that 73% of non-beneficiaries adopted at least one negative coping strategy, as compared to 68% of beneficiaries. The main expenditures for refugees are on food items such as fish and vegetables, firewood and healthcare. Lack of access to cash is the main concern among refugees. Food production is reportedly very low among host communities, which increases expenditures on food items and intensifies economic vulnerability.

60. People in need is based on the food security vulnerability classification, which is a combination of food consumption score and economic vulnerability calculated at household level; it takes into consideration also the impact of ongoing food assistance.

61. The target is based on a combination of the following parameters: economic vulnerability, food consumption score, new influx impact, seasonal impact (monsoon, cyclone, etc.), and Food Security Sector partner capacity.

Recent Food Security assessments⁶² show that more than 80% of the refugees and 38% of host communities are vulnerable to food insecurity. All refugees (including the ones falling under borderline and acceptable food consumption), rely on massive food assistance: 91% declared to access food only through the humanitarian actors. Access to more diversified and nutritious food is low for both refugees and host communities (3.7 and 3.8 food groups per day respectively). Food utilization - one of the main pillars of food security – is reportedly poor for refugees as well as the local population, and that also has an impact on nutrition. Assessment findings suggest that high levels of malnutrition among refugees may relate more to WASH issues than to food access. However, access to a more diversified diet and nutrition awareness is needed for both groups. Firewood for cooking food has been largely used, but it is unsustainable and has created an extremely negative impact on protection and social cohesion as well as environmental damage. FSS works closely with Shelter/NFI Sector, and its Energy and Environment Working Group to address these issues.

SECTOR STRATEGY

PHASE ONE: Under the leadership of the RRRC and ADC Food Officer, the Sector will continue blanket food assistance for both new influx and old unregistered refugees. The selection and amounts of food items is based on the Sphere standard of 2,100 kilocalorie (kcal) intake per person per day. Blanket assistance will be complemented with fresh food items targeting the most vulnerable categories and those with limited access to food. All new arrivals will continue to receive fortified biscuits before being enrolled on blanket food assistance, and additional stock will be pre-positioned as contingency for the cyclone and monsoon season. Fortified biscuits will be provided also to children attending education centres which will address short term hunger and support regular attendance.

Cooked food will continue to be provided for new influx and as contingency for emergencies, such as reduced access in case of heavy rains and cyclone. Cooked meals may also be linked to nutrition programmes and will be closely coordinated with Nutrition Sector. FSS will continue to coordinate closely with Nutrition Sector for monitoring and responding to immediate needs.

The Sector will also exploit opportunities for cash transfers with strong monitoring system, which will allow real-time outcome assessments to further enhance programming and accountability. Coordination with the Food Security Sector and Livelihoods Working Group and participation in technical fora such as the Cash Working Group will be key to ensure appropriate and harmonized response – as suggested by FSS-VAM Market assessment – including multi-purpose cash programming.

PHASE TWO: FSS will gradually phase out from the in-kind blanket distribution, while simultaneously scaling up blanket food assistance through e-voucher, allowing beneficiaries to choose from 19 food commodities that will be available in the registered e-voucher shops in the camps, thereby improving their dietary diversity, increasing access and stability. Based on food security and nutrition surveillance, the least vulnerable households will be gradually phased out from unconditional food assistance, toward self-reliance activities within the camps. Self-reliance programmes within the camp will look at activities that promote socio-economic empowerment and social cohesion especially for the most marginalized groups. This will include vocational trainings, common kitchens, micro-gardening, skills strengthening on nutrition, food utilization, storage, fuel and fire management, and multipurpose women's centres including breastfeeding corners and childcare spaces.

HOST COMMUNITIES RESPONSE - Livelihoods and Reforestation: Programmes aiming to create new income generating activities, increase access to sustainable livelihoods and nutrition sensitive life-skills, and enhance agricultural production capacity are highly needed. Coordination with the Department of Agricultural Extension (DAE) and the Department of Fisheries has been initiated and will continue to be key for a coordinated and harmonized response. Livelihoods support, combined with social empowerment that focuses primarily on women from the poorest households and the most vulnerable host communities are recommended.

Income generating opportunities also through cash grants and cash incentives will be implemented, and linked to existing social safety nets where feasible. Ongoing school feeding programmes supporting 145,000 children will continue. Host communities support will have also a positive and direct impact in mitigating tensions and conflict prevention that may arise between refugees and the local population.

Programmes that look at the food system (which includes the value chain) and market capacity enhancement are also recommended. Food production needs to be increased especially for items high in micronutrients, and crop production diversified. Landless and ultra-poor households (with a special focus on women headed households), marginal farmers,

62. Refugee Influx Emergency Vulnerability Assessment (REVA), November-December 2017.

fishermen and herders need to be supported. Crops, livestock production and fisheries should be supported at households and community level; production zones will be linked to market outlets and can be tied in with cash transfer Programmes. The Sector will look at community level support such as market and agricultural infrastructure.

Preservation of the environment will also be addressed by the Sector, including through reforestation, which will have a positive impact for an adequate and stable availability of food, as well as mitigate the impact of natural disasters, and will be coordinated with the Ministry of Environment and Forestry.

PROTECTION MAINSTREAMING – including gender, age, and ability considerations: FSS has developed a strategy to improve physical access to distribution points and limit exposure to protection risks. The use of volunteers and porters to assist, the availability of water points and breastfeeding corners, and gender sensitive crowd control have been adopted and need to be constantly monitored and improved where needed. Self-reliance activities that will have positive impact on the refugee community and enhance inclusion of the most vulnerable are highly recommended, especially in areas with high risks of marginalization for women, elderly and people with disabilities. Programmes will especially include women from extremely poor households, female heads of households, and single mothers in both refugees and host communities. Protection principles of safety and dignity, meaningful access, accountability, participation and empowerment will form the basis for livelihood programmes. A strong monitoring system is being put in place to document the impact of food assistance and inform targeting of the most vulnerable. Monitoring will include consideration of protection risks to adopt the most appropriate approach and modality (including cash or voucher) to prevent GBV and other forms of violence. Increased access to food will reduce adoption of irreversible protection related coping strategies including early and forced marriage and other forms of exploitation.

COORDINATION: The FS Sector includes 24 partners, UNs, NGOs, INGOs and the Red Cross - Red Crescent Societies. FSS coordinates closely with relevant authorities, in particular the RRRC, DC, MoDMR, and DAE. Food distribution achievements and plans will continue to be shared, and food security assessments, strategies and emergency issues discussed for Rohingya as well as host communities. The Sector team will continue to give technical guidance and support to sector members: capacity building for national and international actors will be reinforced. FSS will continue monitoring the collective members' response and coordinate additional food security assessment and surveillance such as REVA, IPC, and market assessments to measure the response against the indicators and baselines. FSS will also continue to advocate with donors on behalf of members where and if needs are not covered. The Livelihoods Working Group will continue to give technical guidance on the deliverable packages and trainings in special areas (livestock, fisheries, crop production, etc.), and the Energy and Environment Working Group on reforestation. Due to the big impact of modalities such as cash on food security, FSS works very closely with Cash Working Group. Moreover, FSS coordinates closely with other Sectors, especially Nutrition, Protection, Shelter/NFI, Logistics and Site management.



PEOPLE IN NEED⁶³

 **1.3M**

PEOPLE TARGETED

 **1.3M**

REQUIREMENTS(USD)

 **113.1M**

OF APPEALING PARTNERS

 **35**

OBJECTIVE 1:

1 Improve access to lifesaving and comprehensive primary and secondary health services for crisis-affected populations with special focus on child health aimed at reducing avoidable morbidity and mortality.

OBJECTIVE 2:

2 Provide comprehensive and life-saving reproductive, maternal, neonatal and adolescent health care to reduce morbidity and mortality.

OBJECTIVE 3:

3 Ensure the prevention and response to outbreaks of diseases with epidemic potential and other health emergencies.

OBJECTIVE 4:

4 Strengthen health sector coordination to monitor the response and the quality of the services provided.

HEALTH

NEEDS ANALYSIS

The needs analysis and response strategy for the Health sector was developed by the Directorate General of Health Services (DGHS) in Dhaka and District level health authorities (Civil Surgeon), together with Health Sector partners, through a series of consultations to jointly identify the key priorities.

Poor and crowded living conditions in camps and settlements expose refugees to risks of public and individual health due to insufficient food, water and sanitation (see Food Security and WASH). Given low routine immunization coverage (<3%) among Rohingya before displacement, vulnerability to vaccine preventable diseases outbreaks is high. Global acute malnutrition and anaemia rates demonstrate that emergency thresholds have been exceeded for children aged 6 to 59 months. Sexual and reproductive health needs of the new arrivals require urgent attention, with approximately 60,000 women estimated to be pregnant and requiring basic or comprehensive emergency obstetric care. Among these women, so far, only 22% are reported to use health facilities for giving birth. Lack of knowledge and socio-cultural acceptance of sexual and reproductive health and family planning further contribute to the problem. Social marginalization is a risk for those with sexually transmitted infections and HIV among the affected populations. Refugees with experience of sexual and physical violence or pre-existing mental health conditions need both medical and psychosocial interventions as facility reports suggest the lack of an adequate system of care for mental health and psychosocial issues. Women face social and safety barriers to accessing health care clinics which are not gender-segregated.

There are clear gaps in treatment of Non-Communicable Diseases, palliative care, surgical care, laboratory capacity and waste management. Human interaction with animals is not monitored, so risk for zoonotic diseases is increased as well, adding to the public health risk of outbreaks.

Security restrictions at night pose a challenge to 24/7 access to health care and service delivery. Referrals remain a challenge, partly due to insufficient emergency transportation and human resources. Standard Operating Procedures and treatment protocols need to be established and closely monitored for quality control. Health facilities need to interface with the other sectors interventions, particularly with Nutrition, WASH, Protection and Education to maximize the impact and efficiency of services. Community health Workers (CHW) can contribute to improving health status among the affected population through better community engagement, increasing awareness and knowledge on health issues. Outside of the camps, overburdened government facilities are struggling to meet the demands of the host and refugee population.

Health needs are expected to exacerbate significantly during the upcoming monsoon season. Based on risk mapping conducted, large parts of the camp based population will be directly affected by floods and landslides. In addition, there is significant risk of a cyclone causing major damage to the refugee camps, limiting access, causing casualties and fatalities, and impacting existing health facilities.

63. In determining the overall people in need the highest number for each population group was considered, as the entire population is in need of health services. Health sector activities are targeting the entire population in need through provision of health services in camps as well as strengthening of the health system as a whole through supporting existing health facilities, the health workforce and the surveillance system, working closely with District health authorities.

SECTOR STRATEGY

Health sector partners continue to prioritize life-saving needs under the guidance of the Civil Surgeon (Ministry of Health). This includes the ability to provide a rapid, predictable and coordinated response to compounding disasters, like floods, landslides or cyclones throughout the monsoon season to meet the critical health needs of affected people and ensure continuity of service provision. The strategy includes consolidating preventive, promotive and curative services, based on the Government endorsed essential package of health services in existing (requiring upgrade) and planned health facilities. Improving early detection, surveillance, investigation and response to epidemic prone, vaccine-preventable and other diseases will be a critical component of this strategy and will be achieved through strengthening routine immunization services, improving community and facility based surveillance systems, standardization of case management and infection prevention and control protocols, and establishing rapid response teams, among other key interventions. The Sector will ensure that every 20,000 refugees people have 1 Primary Health Centre, able to provide 24-hour health care with inpatient and laboratory capacity, and 3 health posts providing daytime basic care.

Health response will allow unrestricted access to free of charge sexual and reproductive health services by scaling up services and ensuring community outreach to all women in need through the implementation of the 'Minimum Initial Service Package' (MISP) for reproductive health in crisis situations. This will ensure coverage of HIV/AIDS control and prevention methods, with particular attention to responding to GBV and women's health risks such as sexually transmitted infections (STIs), including HIV/AIDS.

Health interventions will be implemented in synergy with other crucial sectors such as WASH, Nutrition, Protection, Education and Site Management, all of which will be jointly coordinated with the District health authorities. Common approaches on risk communication, social mobilization, preparedness and response will be developed and systemized. The Health Sector Strategy aims also to ensure availability, delivery and quality of care through continuous training of health workers and a reliable chain of supply to already established and planned primary and secondary health facilities including community clinics, health complexes and the District hospital. In addition, the recruitment and training of Community Health Workers will facilitate engagement and provision of services at the community level.

Decongestion and related relocation of health facilities will support more equitable health care coverage and improve access, prioritizing the most vulnerable populations. Simultaneously, efforts will be made to strengthen the referral pathway at host community, camp and settlement levels. An integrated approach to HIV/STIs, tuberculosis and other communicable diseases (e.g. hepatitis) will be taken to raise awareness and knowledge, in order to facilitate access to screening, diagnosis and treatment in line with national programs, as well as reducing stigma and tensions among the Rohingya and host community.

A key priority remains to promote the demand for health facility based deliveries and to increase antenatal care coverage, considering socio-cultural and health-seeking behavioural determinants. This will involve upgrading access to Basic Emergency Obstetric Care (BEmOC) services, the implementation of 24/7 available Comprehensive Emergency Obstetric Care (CEmOC) services supported by timely emergency referral services. The management of medical complications among rape survivors will require a highly functional integrated referral pathway that will enable access to medical treatment, psychosocial support and other required services. Interlinkages will also be promoted with Food Security and Nutrition Sectors to ensure supplementary feeding of Pregnant and Lactating Mothers (PLM) and treatment of severe acute malnourished children with medical complications. Integrated management of treatment of Non-Communicable Diseases will be included as an essential part of the strategy, ensuring screening and continuation of care.

Finally, access to mental health services and psychosocial support at Primary Health Care (PHC) level as well as community-based prevention, screening and early referral will be considered a priority to improve the mental well-being of the population.

As the situation evolves, the plan will be adapted to the changing context. Health services will be coordinated with relevant Sectors including Nutrition, GBV, Reproductive Health, MHPSS and others. A framework for ongoing monitoring of health activities will be implemented to inform actions to address threats, needs and gaps, and ensure alignment with the agreed essential package of health services.

PEOPLE IN NEED⁶⁴



0.9M

PEOPLE TARGETED⁶⁵



0.8M

REQUIREMENTS(USD)



136.6M

OF APPEALING PARTNERS



27

OBJECTIVE 1:

1 Provide lifesaving emergency shelter and NFI to new influx of refugees or households affected by natural disasters or other shocks and to existing people in need.

OBJECTIVE 2:

2 Improve living conditions, contributing to reduced suffering, enhanced protection, dignity, and safety.

OBJECTIVE 3:

3 Improve social cohesion and enhance resilience.

OBJECTIVE 4:

4 Promote use of alternative cooking stoves and fuels.

SHELTER & NFIs



NEEDS ANALYSIS

Under the leadership of the Refugee Relief and Repatriation Commissioner (RRRC), the Shelter and Non-Food Items (NFI) Sector needs analysis and strategy has been developed, also in coordination with other Government counterparts at various levels to ensure that shelter approaches are informed and supported. The Shelter Technical Committee, established and led by RRRC, which is inclusive of the Deputy Commissioner's Office, reviews strategy, interventions and evolving shelter issues.

Refugees are residing in makeshift shelters that are severely below basic humanitarian standards, overcrowded, and will not withstand seasonal climatic conditions. The low quality of the shelters and poor terrain as well as the lack of privacy within these shelters has a serious impact on the physical and psychological well-being of the refugees, and especially for women, children and older refugees and refugees with disabilities. Upgrades to shelters and site improvements are urgently required prior to the next monsoon and cyclone season. Space in settlements is critically limited. Lacking adequate land, refugees have built shelters on hills which are at risk of landslides and in areas prone to flooding.

The sector's joint needs assessment revealed that 40% of surveyed people in host communities paid rent for land or houses. The same assessment revealed that essential household needs vary considerably according to distributions to date and geographical location of HHs. Refugees are requesting support with replenishment of items which have been distributed before as well as some non-typical NFIs. Clothes, lighting, stoves and kitchen sets are amongst those commonly requested items.

Until recently, the Government of Bangladesh restricted construction of semi-permanent shelters in refugee camps and settlements. As makeshift shelters and upgrades have a limited lifespan and do not meet standards to withstand high wind events, there is a need to adopt more viable solutions.

SECTOR STRATEGY

The Sector strategy has been developed in collaboration with all sector partners, and through the Shelter Technical Committee, established and led by RRRC, which is inclusive of the Deputy Commissioner's Office. Shelter technical standards and designs are based on those endorsed by the Ministry of Housing and Public Works.

The modalities of all types of shelter and non-food items support will take into account specific needs based on gender, age and disabilities. All items will be appropriate for the needs of women, men, girls, and boys, ensuring that the specific and increased needs of the most vulnerable (elderly, children, persons with disabilities, child-headed households, the sick or malnourished, pregnant and lactating women, and other vulnerable groups) are met.

PHASE ONE (through February 2018): Phase one activities are mostly completed for all but the new arrivals, with the sector distributing primarily acute emergency shelter kits of one tarpaulin and rope per household to support the refugee's own efforts to construct rudimentary makeshift shelters from bamboo and sticks. Sector partners will continue to support new arrivals with emergency shelter kits (including bamboo) in accordance with

64. All Rohingya refugees living in sites (registered camps, makeshifts, site expansions, informal settlements) and refugees living within host communities. In addition, 15% of the host community population is considered to be in need of support, allowing a prioritization of those living adjacent to large sites, and hosting refugees in their direct communities.
65. Target is lower than people in need as it takes into account delivery until end February 2018. Some needs will already be met.

sector standards.

PHASE TWO (November 2017 through April 2018): Site improvements and shelter upgrades with strong community participation will be carried out to meet the objective of improving living standards in the settlements and host communities. Shelter upgrade and site improvement kits comprising of materials and tools will be provided to communities in new settlements. Complementary to the distribution of kits, the sector will provide technical guidance, in accessible languages and formats, to enable people to build safer shelters and make localized site improvements. Community led initiatives will be supported to carry out neighbourhood site improvement works (in accordance with standards and guidelines developed jointly with the Site Management sector). Improved drainage, access, establishment of ground cover, soil stabilization and reinforcement will be the prime outputs of the site improvements to both enhance living conditions and contribute to disaster risk reduction.

PHASE THREE (post-monsoon season - September through December 2018): The response will incrementally move towards the provision of more appropriate and viable shelter solutions (including piloting of conditional cash-based modalities), which are intended to last for a longer timeframe. The ability to provide adequate shelter which meets international standards will be conditional on the availability of land and decongestion of settlements, as well as clear guidance from the government on acceptable building standards and materials. It is anticipated that the monsoon season will have a dramatic effect on new settlements, and therefore localised site improvements or recovery efforts will continue throughout the monsoon season. In the final quarter of the year, lessons learned from the monsoon season will inform further shelter and site improvement activities, which will complement the durable shelter solutions.

Other Initiatives: Key initiatives such as emergency preparedness, Disaster Risk Reduction (DRR), and Housing, and Land and Property (HLP) rights assistance will continue to evolve based on needs and findings from stakeholder engagement. The sector will also contribute where possible to the promotion of clean energy use in new construction or rehabilitation works to lessen the environmental footprint of the response. All initiatives will be planned and coordinated with government leadership to ensure harmonization with local and District development strategies and plans. Many refugees in host community settings and residing on private land or compounds are paying rent. Risks of evictions remain, and assistance is required in cooperation with site management and protection actors. Where necessary, households will be assisted with safe relocation to non-contested sites approved by the relevant local authority.

NON-FOOD ITEMS: Essential household items will continue to be distributed to new arrivals, along with appropriate cooking stoves and alternative fuel(s) to reduce environmental degradation, effects on food security and reduce protection concerns associated with firewood collection. Joint Needs Assessments reveal that essential household item needs vary according to season, goods already received, and from household to household. Therefore, a flexible package of replenishment and new household items will be required. In-kind distributions of NFIs will continue based on the assessments and will be supplemented with cash or market-based approaches to meet the diverse demands of the different populations.

ALTERNATIVE FUEL(S) AND COOKING STOVES – ENERGY AND ENVIRONMENT: The Shelter/NFI sector recognized the growing crisis of cooking fuel access, and the associated deforestation from firewood collection, early in the response and established the Energy and Environment Technical Working Group (EETWG) to develop strategies to provide alternative fuels and curb the rapid rate of forest loss. The EETWG, under the Shelter and NFI sector, plans to roll out a Clean Cooking Programme for the entire refugee population and for the highly-impacted, adjacent host communities.

The Clean Cooking Programme will encompass a variety of energy options, including biogas, fuel efficient stoves (FES), and to a limited degree, biomass briquettes. These alternative fuels and technologies will together address up to 25% of the current need. To meet the remaining 75% of the cooking fuel requirement, the programme will rely on readily available, and significantly cheaper, LPG supply chain, working in coordination with the government to secure private sector investment. LPG technology can be rapidly scaled-up under existing programs, and will drastically improve the lives of both host community and refugee populations.

The Clean Cooking Programme will include up to 25% of the host community population and will save over 1,200 hectares of forest per year, and reduce CO2 emissions by more than 500,000 tonnes annually. Once this is in place, reforestation and land rehabilitation programmes, which are included under the Food Security Sector in this plan, can commence. The programme has been carefully developed in coordination with relevant government Ministries, under the guidance of the RRRC.

EMERGENCY PREPAREDNESS AND RESPONSE: With the onset of rains in April, it is likely that flooding and landslides will take place. For households suffering losses, emergency distribution of shelter and NFI items will be required and resources diverted from upgrade activities. A minimum of acute emergency shelter kits will be distributed to households affected by climatic events or natural disasters. As the response plan incorporates a scenario of natural disaster, stocks of tarpaulins, rope and essential household items will be either prepositioned or diverted from upgrade activities

(see shelter phase 2) in order to respond to immediate, lifesaving needs. Other preparedness activities will include identification of safe havens in the new settlements. Key essential household items will also be replenished or replaced where lost by households affected by landslides, floods, and high winds.

Emergency preparedness activities such as hazard risk mapping (carried out under the Site Management Sector) will assist S/NFI sector partners prioritize households and neighbourhoods with localised site improvement works. Flood and landslide mitigation activities will be prioritized in preparation for the upcoming cyclone season. Fire prevention activities (in conjunction with Site Management actors) will be a key DRR activity that will go hand-in-hand with cooking stove and alternative fuel distributions.

HOST COMMUNITY RESPONSE: Joint needs assessments and secondary data reviews have identified needs in the host communities, but further detailed assessments will be carried out by sector partners to better consult with affected populations and identify activities. The sector will mitigate the potential negative impact of refugee populations living in high density mixed settlements, and any social cohesion issues arising as a result. In particular, the sector partners will target those communities which are still recovering from Cyclone Mora or hosting large numbers of refugees with community led, needs based, localized site and shelter improvements.

Support to host communities will also be promoted through the development of livelihood programs in conjunction with Food Security and Livelihood Sector partners which support shelter and site improvement activities. Programs to enhance construction material markets (bamboo matting, treated bamboo, precast concrete etc.) will be required to support the overall response and offer an opportunity for agencies to support host communities to develop/scale up capacity. The sector will also support host communities in the improvements of shared public spaces and community living spaces to promote social cohesion.

COORDINATION: IOM leads the S/NFI sector coordination with CARITAS supporting in the co-coordinator role. The coordination team incorporates information management and national capacity to support field work, consultation with government bodies, assessment and monitoring activities. The technical team is shared with Site Management and provides technical coordination, development of guidelines and standards and will also support DRR and urban planning activities. The Energy and Environment Technical Working Group provides multi-sector (FSL, SM, SNFI etc.) technical assistance and coordination of activities which support the promotion of clean energy, and mitigate for the environmental impact of the refugee crises. Currently, the dedicated Coordinator of the Energy & Environment TWiG is jointly funded by IOM, WFP and FAO.

PEOPLE IN NEED⁶⁶



1.3M

PEOPLE TARGETED⁶⁷



1.05M

REQUIREMENTS(USD)



136.7M

OF APPEALING PARTNERS



9

OBJECTIVE 1:

1 Ensure effective, sufficient and continuous provision of life saving water and sanitation services for targeted men, women, boys and girls.

OBJECTIVE 2:

2 Ensure that all targeted women, men, girls and boys have the means and are encouraged to adopt individual and collective measures increasing health seeking behaviors to mitigate public health risks.

OBJECTIVE 3:

3 Ensure that all WASH assistance promotes the protection, safety and dignity of targeted people, and is used equitably to men, women, boys and girls.

WASH

NEEDS ANALYSIS



Under the leadership and guidance of Department of Public Health Engineering-DPHE, the WASH Sector has developed its needs analysis and strategy. Due to the massive population increase following the influx of Rohingya refugees into Cox's Bazar, and despite the efforts made by Government and humanitarian actors to provide WASH services over the last five months, WASH facilities in settlements are still under strain with most facilities lacking basic protection measures including gender segregation and are in locations not easily accessible for women. The risk and fear of GBV for women when accessing latrines at night has been reported. Open defecation (women reportedly wash and defecate inside their shelters) poses a serious health risk. Acute Watery Diarrhoea (AWD) is a key concern for the Sector as well as the high rate of malnutrition, whereas access to safe drinking water, living areas free of open defecation, and handwashing with soap at critical times will reduce such risks.

Access to water including quality: Groundwater from tube-wells is the traditional potable water source as it is abundant in general but becomes progressively scarce towards the south of Cox's Bazar, resulting in Teknaf Upazila relying on treated surface water. The new influx puts an additional strain on scarce water resources in this area. There is also a major concern about the capacity of the deep aquifer to sustain the current population, due to the population density and the unknown characteristics of the aquifer. There is a risk of many shallow tube-wells becoming non-functional during the peak of the dry season. The quality of drinking water is one of the major concerns, as 50% of samples at source and 89% of samples at a household level were contaminated in the last monitoring round⁶⁸. Results indicate that even if water is not contaminated at source, it is very likely to become contaminated at household level.

Sanitation and solid and liquid waste management: To quickly meet the needs of the affected population, Sector partners did not maintain a minimum depth of five feet for latrine pits, and they are still often built in close proximity to one another. In addition, latrines are built too close to shelters, on steep slopes, and close to rivers, which are not usable by women, children, elderly people, or people with disabilities. Over 48,000 emergency pit latrines were installed, out of which an estimated 17% are non-functional. The number of latrines located within 10 meters of a water source was over 30% in December⁶⁹. Due to congestion in the camps, the Sector has been struggling to identify land for final disposal and treatment of faecal sludge. Solid waste is often dumped in narrow spaces between shelters and advocacy for suitable locations for landfill sites is ongoing.

Hygiene: Based on the last NPM data, at least 50% of the population do not have access to soap, deterring people from adopting appropriate hygiene practices at household level, and highly increasing the public health risks. There is an urgent need to provide an enabling environment for health-seeking behaviours including hygiene intervention. Water is often held in uncovered jars and buckets, there is a need therefore for extra jerrycans and covered containers. Women and girls lack opportunities for safe and discrete washing and or disposal of sanitation pads. Waste bins in latrines are often taken for household use.

Vector control: Mosquitoes are attracted as water is not stored safely at household level and rainfall is collected in artificial containers. This increases the risk of vector-borne

66. The entire population is in need of adequate WASH assistance.

67. 708,000 refugees and 208,245 Bangladeshi host communities have been targeted, taking also into ongoing development projects, already established infrastructure and interventions to date, as well as ongoing development projects in host communities.

68. 11-25th November 2017, WHO.

69. REACH, 2 December 2017. WASH Sector, January 2018.

diseases. Chikungunya, dengue, and malaria – though low in incidence – are all endemic.

SECTOR STRATEGY

Under the guidance of Department of Public Health Engineering (DPHE), the WASH Sector has responded to this emergency from the very beginning. An emergency control room has been setup in DPHE Cox's Bazar where the WASH Sector Coordination Unit coordinates this response. To address the policy level issues, a high-level official of DPHE has been nominated as the Sector focal person. He is closely supported from Cox's Bazar by the WASH Sector. In developing this response plan, the WASH Sector and DPHE jointly prioritized life-saving interventions, as well as defining critical technical issues. To support this response plan, a detailed WASH Sector Strategy has been developed and shared with the DPHE at District and national level.

The WASH Sector is focusing on extending, maintaining and upgrading WASH assistance as per National and SPHERE guidelines for quantity and quality, including age, gender and diversity, in all settlements and in the most vulnerable communities; providing an enabling environment to adopt safe health-seeking practices which will reduce the public health and protection risks. The WASH Sector will look to improve the Sector capacity to respond effectively and be better prepared for future shocks, this includes the prepositioning of contingency stocks.

IMPROVING WATER SERVICES: Analyses indicate that water quality is of great concern and many hand-pumps have been established without the consideration of the water table or latrine locations. WASH partners will therefore increase their drilling capacity to meet the needs of installing new deep hand-pumps, production wells, and expanding small, medium and large scale surface water supply systems. Meanwhile, systems will be reinforced to monitor aquifers and check water quality at source and household levels. In addition, studies, assessment on ground water monitoring, and water resource mapping will be conducted and based on the results, a comprehensive plan will be developed. To improve water quality, surveillance and monitoring systems will be strengthened by establishing additional water testing facilities. In underserved or water-scarce areas, provision of safe water through trucking will cater to the population needs.

IMPROVING SANITATION SERVICES, INCLUDING FAECAL SLUDGE MANAGEMENT: Latrines have often been installed one-off, without considering accessibility, operations and maintenance, technical and safety criteria, and consequently 17% of the emergency latrines are currently non-functional. There is an urgent need for the WASH partners to decommission unsafe latrines and build new, gender segregated, safe and accessible latrines for this phase of the response. Latrine designs have been improved with strengthened super structures and increased sludge holding capacity. In the host communities, modified Community Based Total Sanitation (CLTS) approaches will be adopted to construct household latrines. To address faecal sludge management, multiple and phased technical solutions need to be implemented. With no one solution being applicable everywhere, the Sector will initially require 30 sites at various locations. These could be further upgraded for a long-term solution. At this stage of the response, solid waste management programs will be supported by Cash-Based Interventions for the collection, and a solid waste management system will be established including the installation, operation and maintenance of a shared landfill.

The monitoring system will be strengthened by carrying out periodic assessments of infrastructure with functionality status, beneficiary satisfaction surveys, including safety audits, post distribution monitoring (PDM) as well as establishing feedback and complaints mechanisms. Field level monitoring systems will be established through capacity building on different aspects of the response. The maintenance of the WASH infrastructure will be the responsibility of the agencies working in that particular camp, with more involvement of the community in operation and maintenance.

ADOPTING INDIVIDUAL AND COLLECTIVE HEALTH-SEEKING BEHAVIOURS: Sector partners need to scale up their hygiene interventions in a coordinated and thoughtful manner to encourage the affected populations to adopt and maintain safe hygiene practices, including the uptake of household water treatment, handwashing with soap, and menstrual hygiene management. This will also include improving access to essential hygiene items including hygiene-related materials for women and girls of reproductive age. After carrying out a market assessment and in consultation with other sectors, there will be gradual transition from of in-kind distribution to a voucher system.

In collaboration with Protection, GBV and CwC, the WASH sector will undertake an in-built mechanism for monitoring the uptake of hygiene messages to promote and improve behaviour change, as well as tracking disease indicators.

ENSURING SAFETY AND DIGNITY OF THE POPULATION: Beyond the obvious importance of meeting basic sanitation needs and preventing disease, access to safe, private, and adequate WASH facilities plays an important role in the protection and dignity of affected populations, particularly girls and women. Only people centred, participatory approaches at all stages of the response can help ensure that an adequate and efficient service is provided.

WASH partners will ensure the safety, dignity and needs of the affected population are met through consultative

process such as the establishment of feedback and complaints mechanisms. In so doing, WASH partners reaffirm their commitment to implement the five minimum commitments for safety and dignity developed by the Global WASH Cluster, which encompass an inclusive and consultative process throughout the WASH programming phases.

The WASH coordination structure at sub-national level (Cox's Bazar) will continue to facilitate effective information exchange, monitoring of the emergency, progress of the WASH response, and adherence to agreed standards. To improve the coordination and decentralise decision making at site level, site focal point agencies have been established. The WASH coordination unit is providing support in terms of information management and technical capacity. Linkages with CiCs need to be strengthened, including capacity building on WASH standards.

PEOPLE IN NEED⁷⁰

 **0.9M**

PEOPLE TARGETED

 **0.9M**

REQUIREMENTS(USD)

 **131.4M**

OF APPEALING PARTNERS

 **9**

OBJECTIVE 1:

1 Enhance equitable access of refugees to relevant services and protection, based on locally agreed standards, ensuring refugees and host communities are informed, and engaged through representative community participation.

OBJECTIVE 2:

2 Improve physical site access and safe and dignified living conditions for refugees, and adjacent host communities, including reducing their vulnerability to natural hazards.

OBJECTIVE 3:

3 Support informed humanitarian decision-making and prioritization of gaps and needs across vulnerable groups and geographic areas.

SITE MANAGEMENT



NEEDS ANALYSIS

The majority of the refugees that have arrived since 25 August 2017 have settled in expansion areas adjacent to camps and makeshift settlements that existed previously, or in informal settlements in host communities, with significant disparity in services delivered between locations. Management of the largest sites is the responsibility of the RRRC through 'Camp-in-Charge' staff, while the local administration is responsible in host communities.

The scale and congestion of sites, especially Kutupalong-Balukhali Expansion Site which is hosting over 600,000 refugees, presents serious protection risks. In the mostly unplanned site, density is as high as 8m² of land per person, compared to the international emergency standard of 45m². Congestion and the terrain (steep slopes and flood-prone low-lying areas) make it challenging to improve access, mitigate environmental risks, and install essential infrastructure for basic service provision. The close proximity of shelters creates fire hazards, and risks continued spread of communicable disease. Deforestation exacerbates the risk of landslides and flooding which will occur during monsoon season. Major weather events including rain, flooding, and wind will almost certainly cause widespread destruction across all locations.

A large proportion of refugees are hosted in smaller makeshift and informal settlements, living alongside and sharing services with host communities. Interaction and competition for resources with host communities is high, and is fuelling tensions between groups due to perceived loss of livelihood and deteriorating living conditions, yet limited services have been focused in these areas. Further, land tenure in informal settlements is often insecure, and evictions have already been taking place.

There is limited community representation in all locations. Aside from committees established in the registered refugee camps, the main community leaders, Majhis, are mostly appointed men, with limited or no inclusion of women, youth, elderly, and persons with disabilities. Accountability and Communicating with Communities initiatives, including complaints and feedback mechanisms, are still to scale up.

Gender, Age and Disability: Unequal and insufficient access to services and infrastructure, poor conditions in the sites, and the absence of opportunities for livelihoods are leading to negative coping mechanisms such as survival sex and reduction of food intake - of particular concern for women, girls and boys, elderly, and persons with disabilities⁷¹. Overcrowding limits women's and girls' access to public space and therefore services, especially if maintaining purdah.

Steep and unstable terrain and long distances impedes access to markets and services for refugees with limited mobility (including elderly, persons with disabilities, pregnant women)⁷². Crowded, poor conditions will intensify psychosocial and mental distress, increase community tensions and the prevalence of Gender-Based Violence (GBV) and domestic violence against women and children. Additionally, lack of lighting puts women and girls at risk of harassment or GBV, and poses a danger for elderly and persons with disabilities, while the size of Kutupalong-Balukhali Expansion Sites leads to concern about children getting lost⁷³.

70. The Sector will target all Rohingya refugees living in camps and settlements (registered camps, makeshifts, site expansions, informal settlements) and refugees living within host communities plus an estimated 220,000 Bangladeshi host community members, who will benefit from emergency preparedness and response activities.

71. Oxfam, November 2017.

72. HelpAge, November 2017.

73. Oxfam, November 2017.

SECTOR STRATEGY

Under the leadership of the Refugee Relief and Repatriation Commissioner (RRRC), the Site Management sector will continue to strive towards improving access to services, protection and living conditions for refugees and adjacent host communities, and to advocate for minimum standards and safe, dignified living environment for all refugees. The Sector will further build the capacity of site management actors and partners at all levels, including community representatives.

The Site Management Sector will work in support of the RRRC and the Deputy Commissioner (DC) in the planning, development, and management of refugee sites in both Ukhia and Teknaf Upazilas, and in support of relevant government institutions and local authorities for emergency response and disaster management across Cox's Bazar District, benefiting both refugees and host communities. Site Management Support agencies will support the work of the Camp-in-Charge (CiC) appointed by RRRC, and other local authorities, in the day-to-day management of the sites. Site planning and development works will be carried out under the direction of the Site Planning Taskforce, chaired by RRRC, and in liaison with relevant local authorities. In addition, partners will support the RRRC and other relevant local authorities in their responsibilities for the planning and management of refugee sites. Partners will also support and strengthen Government's emergency and disaster management mechanisms in Cox's Bazar District including District, Upazila, and Union Disaster Management Committees, District Relief and Rehabilitation Officer and Project Implementing Officer, Cyclone Preparedness Programme, and Bangladesh Fire Service and Civil Defence.

ASSESSMENT AND MONITORING: Sector partners, IOM Needs and Population Monitoring (NPM) and REACH, coordinating with UNHCR Family Counting (the latter falling under the Protection Sector) and working with RRRC, will provide information in support of response planning and implementation for all populations in need. This will include regular refugee population tracking, demographic updates, site infrastructure and community mapping, and identification of multi-sector needs by location and population and access to services. Efforts to harmonize data collection and reporting and coordination with local authorities will continue.

SITE MANAGEMENT: Activities will focus on ensuring representative, accountable and participatory governance and access to appropriate, accountable multi-sector services in refugee camps, makeshift settlements and informal settlements.

1. SITE MANAGEMENT SUPPORT IN CAMPS

Site Management Support (SMS) teams will work in direct support of RRRC appointed Camp-in-Charge (CiC) and local authorities in the registered camps, makeshift settlements, and their expansions, and in support of adjacent host communities. Activities will include strengthening governance and representation mechanisms and community participation, and supporting accountability and Communicating with Communities (CwC) activities, including complaints and feedback mechanisms, with support from the Protection Sector. CiC hubs and multi-purpose halls will be established for communities and committees to gather and exchange information. SMS teams will also support coordination and monitoring of service provision, information management, needs assessment and gap identification, and facilitate community-led contingency planning at camp/site level. SMS teams will work toward improving access to services and ensuring Disaster Risk Reduction (DRR) measures are implemented, through a combination of CwC activities, relocation from high density and high risk areas, land demarcation, and accompaniment of new arrivals. Further, SMS teams will work in collaboration with Shelter actors to identify and carry out neighbourhood level site improvement and mitigation work through community consultation, capacity-building, and cash for work, notably under the aegis of the co-led Shelter and Site Improvement Technical Working Group.

2. SITE MANAGEMENT SUPPORT IN SETTLEMENTS AND HOST COMMUNITIES

Site Management partners will also support refugees living in expansion sites, in large community settings in host communities, and their hosts. Coordination of services and advocacy for distribution of resources and service provision in a fair, transparent, and accountable manner will be supported, along with CwC and accountability mechanisms. Community platforms will be established to encourage positive interaction between refugees and host communities, provide linkages with existing governance structures, and allow for identification of common needs and gaps, ensuring protection mainstreaming in collaboration with the Protection Sector. Neighbourhood level site improvement and other quick impact projects will be implemented in coordination with relevant local authorities and humanitarian partners. Quick impact projects will be defined in cooperation with the communities, based on identified need in the specific location. Projects might include, for example, improvement of footpaths, bridges, or community spaces.

SITE DEVELOPMENT: Working under the leadership of the Site Planning Taskforce, chaired by RRRC, the Sector will implement a combination of small-scale site improvements, site macro-planning, and infrastructure and engineering works to improve access and living conditions in refugee sites and adjacent host communities, and reduce vulnerability to natural hazards.

First priority will be improvement of vehicle and pedestrian access in sites hosting refugees, plus Disaster Risk Reduction (DRR) interventions. DRR measures will include risk mapping (e.g. flood and landslide), slope protection, drainage, and creation of firebreaks, complementing inter-sector contingency planning including establishing community early warning systems, planning debris removal and clearing access routes, in coordination with the Department of Fire Safety, Civil Defence and the Cyclone Preparedness Programme (CPP). Maintenance of bridges, drainage, and access routes in sites will continue throughout monsoon season. Ability of humanitarians to react to emergencies in sites including in monsoon season will be improved through the establishment of an engineering platform, to share information, engineering systems, and machinery.

Secondly, macro-settlement planning will continue, with space for WASH and Health facilities prioritized, but also including lighting, waste management, environmental considerations, and space allocation for other major services. In high-density areas with challenging terrains, large-scale earthworks and access route improvements will be implemented to increase land usability and allow for decongestion. These activities aim to mitigate the worst risks in sites, but significant population relocation would still be required to meet humanitarian minimum standards, particularly in Kutupalong-Balukhali Expansion Site, for which the sector will continuously advocate for access to more land or alternative, safe and dignified solutions.

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DISASTER RISK MANAGEMENT AND EMERGENCY PREPAREDNESS AND RESPONSE: Disaster Risk Management and emergency preparedness activities will be mainstreamed throughout the activities of site management support agencies, site improvement and site development partners. This will include establishment and support of safety committees in sites in coordination with the Cyclone Preparedness Programme (CPP) and Bangladesh Fire Service and Civil Defence (FSCD); development of site-level emergency preparedness and response plans in coordination with CiCs, under the overall plan developed by the Government of Bangladesh with the ISCG; and identification and mitigation of physical risks in the sites. In addition, the partners of the Site Management Sector will support the established Government disaster risk management mechanisms across Cox's Bazar District, including promotion of host community resilience. Partners will support and strengthen the capacities and abilities to respond of District, Upazila, and Union Disaster Management Committees, DRRO and PIO, CPP, and FSCD in their work for refugees and host communities, plus support the capacity of host communities directly, including through trainings, infrastructure, and resourcing support. Multi-sector disaster management and resilience activities in host communities will be initiated in coordination with the relevant Sectors. These will include support and resourcing to school disaster management committees and initiation of environmental conservation activities, in coordination with relevant Government institutions, the Education Sector, and the Energy and Environment Working Group. As changes in the physical and governance characteristics of settlements and natural environment drive the creation or reduction of disaster risk, the Site Management Sector will strengthen its support to inter-sector emergency preparedness and response planning and coordination.

Within the refugee sites, identification and mapping of physical hazards with a specific focus on landslides will continue, along with enhancement of landslide forecasting capacities in coordination with the CPP, the Meteorological Department, and the Bangladesh Geological Survey, and delivery of training on landslide monitoring and early warning for most at-risk community members.

COORDINATION: As well as supporting partners implementing site management and site development activities, the Site Management Sector also supports the Site Planning Taskforce (chaired by RRRC), co-hosts the Shelter & Site Improvement Working Group with the Shelter/NFI Sector, hosts the Macro Settlement Development Working Group, and supports Disaster Risk Reduction planning. The Sector will continue to provide site management capacity building services aimed at SMS partners, CiCs, communities, and partners as needed. The Sector will also strengthen its information management capacity, and expand its technical capacity in conjunction with the Shelter and NFI Sector to support the RRRC and partners in site planning and development. This inter-agency technical capacity will include working with humanitarian agencies and local authorities to identify alternative solutions for refugees living in congested sites, supporting overall advocacy efforts for safe and dignified living conditions for all refugees.

PEOPLE IN NEED⁷⁴

 **0.9M**

PEOPLE TARGETED

 **0.9M**

REQUIREMENTS(USD)

 **71.8M**

CHILD PROTECTION

 **19M**

GBV

 **18.3M**

OF APPEALING PARTNERS

 **16**

OBJECTIVE 1:

1 Monitor and advocate for access to territory, prevention of refoulement and promotion of and respect for refugees' rights.

OBJECTIVE 2:

2 Enhance registration of all refugee women and men, girls and boys and facilitate their access to documentation.

OBJECTIVE 3:

3 Promote a community-based approach to the response and provide protection services to persons at heightened risk.

OBJECTIVE 4:

4 Support system strengthening and social cohesion within refugee and host communities.

PROTECTION



NEEDS ANALYSIS

The Rohingya refugee crisis is at its core a protection crisis. The rights and the well-being of refugee women and men, girls and boys fleeing persecution and targeted violence in Myanmar must continue to be protected, root causes addressed and comprehensive solutions found. Taking into account refugees' capacities, building their resilience and that of their host communities, and jointly preventing and responding to the heightened protection risks they face are priorities.

More than 850,000 Rohingya refugee women, men, girls and boys from Myanmar are hosted in Cox's Bazar District. They have different profiles and backgrounds but all have protection needs, both as members of communities and as individuals, based on their personal circumstances.

All refugees need protection from refoulement (forced return), including so that possible returns to Myanmar only take place voluntarily, in safety and with dignity.

As of February 2018, more refugees continue to arrive in Bangladesh, exhausted and famished after long walks and difficult border crossings with hardly any belongings. Many recount reports of extreme abuse and human rights violations, families had members killed or are separated, and many are deeply distressed. Many women, girls and boys, but also men are in need of health care and psycho-social support.

Refugees' freedom of movement is restricted with risks of arrest and detention if moving beyond checkpoints. Restrictions impact refugees' access to public services, including education, to life-skills opportunities and to means to reduce their dependency thereby increasing their economic stress, reliance on aid and idleness in the settlements.

These stressors adversely impact their psychosocial well-being and may lead to resorting to potentially harmful coping mechanisms, such as child or forced marriage, survival sex, or to exploitation and gender-based violence (GBV). They also negatively affect intra-community cohesion and peaceful coexistence with the host communities.

The lack of a recognized legal status renders refugees unable to access civil administration services and justice and leaves them vulnerable to exploitation and abuse. Refugees cannot have births, deaths or marriages formally registered; no formal certification is allowed for those with access to education; and refugees have no access to formal medicolegal reports documenting criminalized acts in Bangladesh (including reports documenting GBV such as rape and domestic violence).

The lack of recognized legal status also leaves refugees vulnerable to unlawful detention. This is a particular concern for women and girls in conflict with the law as detention facilities often are not gender-segregated.

The absence of unified registration and documentation of refugees prevents a comprehensive and early identification of their protection and assistance needs, the establishment of an identity management system, and the facilitation of the case management response, including for family tracing.

The over-crowdedness of the camps and the lack of adequate dwelling resulting in constraints to humanitarian actors' ability to provide basic services exacerbate many

74. The Protection Sector targets all refugees in need, as well as 64,103 members of the host community. The latter have been calculated based on a 5km buffer zone around major host communities in which refugees are settled, as well as around major refugee settlements. For the GBV Sub-sector, the estimated number of women and girls who will be offered services to reduce risk of GBV is any woman or girl of 15 – 49 years of a certain population group, based on the assumption that women and girls of reproductive age (15-49) are disproportionately at-risk of life-threatening health consequences as a result of GBV. For the Rohingya community, the default value of IASC Minimum Initial Service Package (MISP) Calculator 25% was applied to determine the total number of women of reproductive age (15 – 49 years). For the host community, the site specific available values from the most recent census was applied (Bangladesh Census 2011: 26%; Bangladesh Census 2011 of Teknaf and Ukhiya Upazilas: 23%; and MISP default value: 25% of total population). Although the calculation focuses on persons of reproductive age, as an estimator it does not exclude the proportion of elderly women or children who are most likely to require service provision for GBV risk reduction. This figure also encompasses the largest proportion of the population of women with disabilities and female headed households. For every woman or girl from a male-headed household, one adult male is estimated to require related information or awareness raising services (NPM 7, 7 December: 20% of male population age 18+, UNHCR Family Counting Exercise, 9 December: 16.3% female-headed households). A target for the number of incidents of GBV reported is not included in the overall estimate of people in need for services. The Child Protection Sub-sector's calculation is based on the NPM (all refugee children). Concerning the host communities, the Protection Sector's figures combined with the SADD breakdown for children were used.

OBJECTIVE 5:

5 Enhance access and improve quality response and prevention services for individuals at-risk of gender-based violence.

health and protection risks, such as GBV, especially for women and girls. The lack of space for community structures also limits the offer of protection services through community centers, child friendly spaces and safe spaces for women and girls, especially in locations that cannot easily be accessed. Lack of meaningful access to services and infrastructures disproportionately affects refugees with disabilities and older persons.

OBJECTIVE 6:

6 Improve access to quality child protection services and psychosocial support activities for girls and boys and other children with protection concerns and who are at risk, including unaccompanied and separated children.

Refugees overall, but in particular women, children at risk, adolescents, older persons, persons with disabilities, and, persons of diverse Sexual Orientations and Gender Identities and Expressions (SOGIE) are mostly absent from decision-making, planning and implementation of interventions and there is a lack of social inclusion. Protection and multi-sectoral analysis, through consultations, participatory assessments and focus group discussions, are continuously needed to help identify the main protection gaps and understand how important social and cultural norms of the community impact self-protection mechanisms. Close and inclusive engagement with refugees will be key in identifying existing resources and capacities within the community as well as ensuring that

all refugees' voices are heard. Working with communities with a specific focus on enabling women and marginalised population groups to participate, and establishing community-based networks as key actors in the protection response is essential.

The slow establishment of civil administration and civilian governance mechanisms in refugee settlements and the lack of rule of law are of concern to refugees who rely on informal, sometimes abusive community-based mechanisms for civil administration and dispute resolution. The overall safety and security in the camps needs to be strongly increased and meaningfully include the voices of those most at risk, women and girls.

The insufficiency of, constrained access to, and lack of information on services within settlements lead to multi-faceted protection risks, particularly for women, girls and boys, older refugees, persons with disabilities, SOGIE persons and other vulnerable refugees.

There are no formal protection mechanisms, with insufficient community-based approaches in order to address individual specific needs, including for children, women, older persons, refugees with disabilities and SOGIE persons. There is a high need for specialized PSS programs and counselling services that are culturally appropriate and target the high number of female single-head of households, women at risk and separated and unaccompanied children. Professional capacity development for management of complex cases, including working with child survivors of sexual violence, is also needed.

Rohingya men, women and children are extremely vulnerable to debt bondage, cheap and exploitative labour, forced labour, child labour, survival sex, human trafficking, and exploitation, primarily due to lack of alternative opportunities. These violations need to be addressed with urgency in close cooperation with law enforcement authorities and through community-based protection mechanisms.

Competition for scarce resources and livelihood opportunities may increasingly lead to potential tensions between refugees and host communities which will require increased intra-community dialogue, relationship building and fostering of mutual trust and understanding to reduce potential escalation. Creating meaningful livelihood opportunities and ensuring access to education will not only allow refugees to enjoy a dignified life but also will enhance their resilience.

Weather related events, such as flooding and landslides, especially during the rains, monsoon and cyclone season, expose refugees to high secondary protection risks. There is a need for specific interventions to reduce vulnerability and risk and build the resilience of refugees to prevent further death, injuries, psychosocial distress and separation of families.

Gender-Based Violence: Hundreds of incidents of gender-based violence are reported weekly. Many women and girls have been exposed to widespread and severe forms of sexual violence in Myanmar before and during flight. Following displacement, they continue to be at risk of GBV, including domestic and intimate partner violence. Lack of income generating opportunity and transferable skills development has led to exploitation of women and adolescent girls in the form of forced marriage, survival sex, and trafficking for commercial sexual exploitation and forced labor. Field reports link incidents of rape and trafficking to high risk informal work including domestic labor and hotel housekeeping. Fear of abduction, harassment, and sexual violence severely restricts freedom of movement for women and girls, which results in lack of access to service information, social support networks, and safety alternatives for those in threat of harm at home.

The most urgent needs regarding specialized GBV response services include survivor-centered case management and psychosocial support services. Currently these services cover less than 50% of the settlement areas for refugees. Lack of capacity and increasingly limited space in the settlements present a serious challenge to service providers to

establish and maintain standards for confidential GBV service entry points and multi-sector service provision.

Host community access to basic, multi-sector GBV response services is also severely limited. Despite the national legislation protecting women and girls from domestic violence and other forms of GBV, as well as the existence of One-stop Crisis Centers for hospital-based GBV services, survivors face severe challenges in accessing the justice and health system. Lack of knowledge of GBV among judges, police and health workers presents a barrier for addressing impunity of perpetrators.

Lack of safe space provided through emergency shelter programs and community-based facilities for women and girls is a serious issue, as 77% of women and girls residing in the 28 identified settlement sites hosting refugees across Cox's Bazar District reported feeling unsafe. To date, there is 1 safe shelter service with capacity for less than 20 people to serve a population of 1.2 million. Women and girls also report the need for basic items upon arrival to enable mobility, safety, and dignity including garments for covering, torches to light pathways for walking, and culturally appropriate menstrual hygiene products. Such measures would address the current situation, in which women reportedly wash inside their shelters, restrict food and collection of water, and limit movement during the menstrual period. Though there are only a very limited number of reported cases of male survivors of GBV, there is indication that boy children and adolescents have been exposed to risks of GBV.

Child Protection: Thousands of boys and girls have been separated from their parents or primary caregivers while fleeing for safety. Child Protection agencies have registered 5,198 unaccompanied and separated children, but with most key informants reporting knowing of children who are either missing or looking for their parents this number is likely to be far higher. Data indicates that there are more girls than boys separated and unaccompanied; this is a concern as girls who do not live with their immediate family are particularly vulnerable to abuse, violence, sexual exploitation and neglect. Not only are these children dealing with the emotional distress of being separated from their closest caregivers, but in this vulnerable position, they are at high risk of child trafficking, abuse and exploitation. While some neighbours have opened their homes to unaccompanied boys and girls, the majority of families (if not all of them) are experiencing profound stress and struggling to care for all within their households. Child-headed households face additional barriers, in particular when headed by girls who face high risks because of the mobility limitations and socio-cultural norms.

One of the most pressing issues is psychosocial distress, as girls and boys have witnessed horrific violence in Myanmar, including seeing family members killed and their homes burnt down. Parents explain that their children are suffering night terrors and are afraid that they will be attacked again. Overcrowding and unaddressed psychosocial distress can in turn lead to potentially harmful coping mechanisms, increased vulnerability to physical and sexual abuse and isolation. Key informants report that the main causes for psychosocial distress among boys are the memory of the violence before movement (21%) and missing family members (12%). For girls, the memory of the violence before movement (18%) and exposure to sexual violence before the flight (12%) was mentioned most frequently.

Adolescent boys and girls face specific risks as they do not have access to education, girls in particular are susceptible to sexual abuse, whilst boys face heightened risk of child labor, exploitation and human trafficking. Key informants speak of the worst forms of child labour, including girls and boys as young as 7 years old being recruited into abusive and exploitative work. Girls are mostly engaged as maids, boys as herders, shop workers, fishermen, rickshaw pullers and other daily casual work. Adolescent girls also face the risk of early or forced marriage, particularly as families are engaging in these potentially harmful coping strategies in order to access additional food rations.

SECTOR STRATEGY

Note – The Protection Sector plans for 2018 will address only the most basic needs of the Rohingya refugees in the camps, in particular, and for those living in host communities, accordance with the Government of Bangladesh's advice to focus on lifesaving assistance, well-being and dignity, restoration of severely damaged environment and confidence-building between the refugees and host communities.

Protection actors will continue to deliver protection and critical services to all refugees in close coordination with and providing support to Government of Bangladesh counterparts, including Refugee Relief and Repatriation Commissioner (RRRC), Ministry of Home Affairs, Department of Social Services, and One-stop Crisis Centre and Regional Trauma and Counselling Center of the Ministry of Women and Childrens Affairs (MoWCA). The main government body responsible for overall operational coordination is the Ministry of Disaster Management and Relief and its local representation, the RRRC. Line ministries are consulted and some projects implemented jointly in the areas aligned with their respective strengths and expertise. In particular, the Ministry of Home Affairs (MoHA) plays an important role in the registration and

facilitating access to territory.

In 2018, the Protection Sector will step up its analysis of trends, monitoring capacity, ability to provide protection by presence and advocacy to identify risks faced by refugees, inform effective responses, and ensure refugees continue to have unimpeded access to asylum and that any return is voluntary, in safety and with dignity. Interventions will be made on behalf of individuals in detention, at entry points, at risk of trafficking and more widely to ensure that refugees can increasingly enjoy their rights including through access to public services.

Efforts will be geared towards supporting the individual registration of all male and female refugees by the Government of Bangladesh and continuous verification and updating in order to support the securing of documentation and assistance delivery, as well as the realisation of solutions. This will be done through the provision of relevant resources including technical capacity to facilitate identity management, and to collect disaggregated data to inform population profiling. The Protection Sector will also advocate for refugees' access to civil documentation by national institutions, which aligns with strategic objective 1 of the UN Development Assistance Framework 2017-2020.

One of the Protection Sector's main priorities will be to ensure, through a community-based and participatory approach, that the voices of refugee women, men, boys and girls are heard and that all refugees are treated with equity and have equal access to information and services. The approach will seek to empower refugees, by capitalizing on their existing skills, abilities and resources, so that they can find community oriented solutions to their problems. Members of the refugee communities will be trained and capacitated to disseminate life-saving information and awareness raising messages, identify protection concerns and mobilize interventions within the community while referring cases with heightened risks to specific services.

Protection partners will support community participation structures through an age, gender and diversity approach. Protective and inclusive community self-management will be supported while partners will provide protection services to refugee men, women, boys and girls at heightened risk. Counselling services and legal aid will be made available to refugees in need. Through a comprehensive approach to protection mainstreaming and case management, protection actors will also continuously advocate with other sectors, such as Shelter/NFI, WASH, Health, Nutrition, Education and Food Security, on behalf of identified persons at protection risk in order to facilitate their access to basic services and critical sustenance support beyond direct protection interventions. The existing referral pathway developed by the Sector will be expanded.

The Protection sector will support the Site Management sector in the enhancement of participatory governance structures in sites and community settings notably through capacity building and assist with the mainstreaming of protection in site management activities.

The sector's response will be strongly articulated around engagement with government and development actors in the field of access to public services and law enforcement through system strengthening, capacity building and advocacy. Peaceful coexistence activities and mutually beneficial assistance programming will be implemented to ensure that refugees live in safety and in harmony with host communities, and together protect their natural environment while contributing to social unity. The Protection Sector will also ensure that the refugees' resilience is continuously strengthened, including in view of possible secondary emergencies created by natural disasters or hazards, such as flooding, landslides, fire or disease outbreak.

The Protection Sector will continue to coordinate and work closely with all other sectors to mainstream protection into services and assistance as a corporate strategy.

Gender-Based Violence: The GBV Sub-sector strategy was developed with the engagement and participation of partners including the One-stop Crisis Centre and Regional Trauma and Counselling Center of the Ministry of Women and Children's Affairs (MoWCA).

The Gender-based Violence Sub-sector continues to emphasize the rapid expansion of quality, multi-sector services, with a focus on case management and psychosocial care services by providers trained to work with child and adult survivors. To improve service referral and provision of care, GBV partners will undertake capacity development initiatives targeting government, non-government, and humanitarian workers across the health, justice, and safety/security sectors to apply survivor-centered approaches.

Programs on empowering women and girls, community mobilization initiatives, and awareness raising activities encompass a range of GBV risk mitigation approaches reaching refugee and host communities in 2018. The GBV Sub-sector aims to introduce interventions that address multiple causes and drivers of violence, including strategies to help build the economic capabilities of women and girls along with other human, social, and physical assets. Programs demonstrating strong approaches for engaging gatekeepers and men are encouraged to strengthen service access and mobility for women and girls.

GBV partners will also identify and strengthen service entry points for GBV referral that are accessible to host and refugee communities. Efforts to strengthen community watch groups and leadership committees to improve community safety and security will continue in 2018. Prevention will be strengthened through sensitization and awareness-raising on GBV and life-saving information on available services. A contingency stock of dignity kits will further support the mobility, safety, and dignity of women and girls in the event of large-scale disaster and influx. Disaster preparedness messaging will be integrated into information and outreach efforts to promote GBV service awareness and access.

The GBV sub-sector will further advance integration of GBV response and prevention programming in other sector service points to improve accessibility to discrete, life-saving response services and information and maximize limited availability of space in refugee settlement areas.

The GBV coordination mechanism will continue to support partners by promoting best practices and standards in line with international guidelines, engaging advocacy for inclusion of GBV risk-reduction in national and local policy, and supporting its integration across all areas of humanitarian response.

Child Protection: The primary Government counterpart for the Child Protection Sub-Sector is the Department of Social Services (DSS) with whom the Child Protection Sub-sector has had several meetings and consultations to develop the response plan.

Improving access to quality child protection services is a priority for all children at risk including unaccompanied and separated children. Girls and boys with high protection risks of violence, abuse, exploitation, child labor, trafficking and early marriage will be identified and provided with specialized case management services. For unaccompanied children, identification and documentation, family tracing services, case management and provision of appropriate alternative family or community-based care will be scaled up and strengthened. The capacity of social workers will continue to be built through child protection and case management training, mentoring and coaching.

Children's resilience and coping mechanisms will continue to be strengthened through Child Friendly Spaces. These spaces are providing psychosocial support to children through structured and recreational activities. Adolescent girls and boys will continue to be engaged through Adolescents Clubs which focus on developing life skills and resilience, which is of particular importance in the absence of access to secondary education. Other options including community-based child protection mechanisms will be explored to enhance and increase reaching out for children.

The protective environment for children and adolescents will continue to be enhanced by the establishment of Community-Based Child Protection Committees and training of community members in child protection approaches, which will assist to prevent violence, abuse and exploitation and refer children in need of services. Girls and boys at risk will also be identified through Child Friendly Spaces, Adolescent Clubs, Community-Based Child Protection Committees and will be referred by other services to the Child Protection Sub-Sector's Child Protection Focal Points in the camps and host community.

PEOPLE IN NEED⁷⁵



0.6M

PEOPLE TARGETED⁷⁶



0.5M

REQUIREMENTS(USD)



47.3M

OF APPEALING PARTNERS



11

OBJECTIVE 1:

1 Provide immediate access to equitable learning opportunities in a safe and protective environment to crisis-affected refugee and host community children and youth (3-24 years old).

OBJECTIVE 2:

2 Improve quality of teaching and learning for refugee and host community children and youth, aligned with Education Sector standards, and increase teaching-related professional development opportunities.

OBJECTIVE 3:

3 Increase refugee and host community participation and engagement in children's education.

EDUCATION



NEEDS ANALYSIS

Comprising over 50% of the refugee and host communities, an estimated 625,000 children and youth (ages 3-24) lack access to learning opportunities. Refugees are not permitted to enrol in formal education facilities and they are denied certification even where they are allowed informal access to education. In particular, recently arrived refugees lack access to safe and protective learning facilities in new camp sites and makeshift settlement areas. This gap is partly due to limited space in these areas as well as the time needed to set up education activities.

Cox's Bazar is among the lowest performing Districts in the country with regards to education access, retention and achievement. The dropout rate for Cox's Bazar is 45% for boys and 30% for girls; both Rohingya and Bangladeshi children mention low levels of family income as a key reason for dropping out to find work. Urgent financial needs have caused families to deprioritize education.

Certain categories of children face particular barriers to education, including child laborers, children with disabilities, as well as those in households headed by women and/or children. Also, within both refugee and host communities, girls face additional socio-cultural barriers combined with safety concerns and supply-related issues such as a lack of trained female teachers or gender-segregated latrines.

At present, young people are underserved by outreach efforts although 20% of the total refugee and host community populations are youth between the ages of 15 to 24. Addressing their needs is critical in light of the risks that the fluid and unsettled life in camps and settlements pose for young women and men. Such risks include trafficking, drug abuse, early marriage, as well as hazardous or exploitative work. Education services in emergencies therefore also need to focus on increasing the resilience and self-reliance of refugee youth - not just children.

Providing quality Education in Emergencies (EiE) interventions is also a challenge due to the lack of an approved curriculum for Rohingya children. This challenge is complicated by the sensitivity of issues such as the language of instruction. Retaining qualified teachers is also difficult, as is providing sufficient supportive supervision. Both teachers in host communities and learning facilitators in the refugee camps reported their urgent need for further training in pedagogy, as regards to particular academic subjects as well as general life skills. Harmonized approaches, across all partners, must be monitored to ensure their effectiveness.

SECTOR STRATEGY

The Sector's priority is to meet the needs of 540,000 children and youth (50% girls) aged 3-24 years, 9,000 teachers and 50,000 community members, through a two-phase approach.

This approach will address the educational needs of refugees and help strengthen the host community's system. As children and youth constitute most of the recent arrivals, the first phase will focus on expanding equitable access to learning opportunities.

75. Within the affected area, the entire population between the ages of 4 and 18 is assumed to be in need. That figure is then divided by 40 to calculate the number of facilitators/teachers required to reach the international minimum standard for a student to teacher ratio of 1:40.

76. The target figure is based on a capacity survey of active partners covering the period March to December 2018, with an additional 20% added to account for 1) further possible influxes of refugees, 2) the arrival and support of additional partners; and 3) additional support from donors in 2018.

The response will be further strengthened by standardizing the Education in Emergencies response and providing psychosocial support for the newly arrived refugee children in coordination with the Child Protection Sub-Sector. The second phase aims to improve the quality of education by developing teaching and learning strategies that are tailored to the varying needs of the Rohingyas and host communities, as well as promoting solutions through advocacy and cooperation with education authorities. Through Community Education Committees and community-based student retention initiatives, community members will help oversee student enrollment, retention and attendance, as well as ensure parental engagement in education.

Learning opportunities and facilities from the first phase of the response need to be scaled up to enable more Rohingya children and youth, particularly the newly arrived, to claim their rights to education. With an expansion in the numbers of children and adolescents aged 3 to 14 who will attend informal learning centres, there will be a need to expand service delivery modalities and networks. In addition, inter-sectoral collaboration will also be strengthened to respond to congestion and land availability problems. Strategies such as using Learning Centres as multifunctional spaces and integrating learning in other children's facilities will be explored.

Flexible learning models as well as quality interventions for effective learning and teaching will be a key strategy going forward. Innovative learning approaches and safe and flexible education delivery modalities will be explored to ensure equity in access, including by meeting the learning needs of vulnerable groups, especially girls, as well as child labourers, children with disabilities and child-headed households. At the same time, improvements will be made in the recruitment and retention of male and female local and Rohingya teachers and learning facilitators through supportive supervision and the provision of professional development opportunities in pedagogy, psychosocial services, subject-based instruction, and life skills instruction. In addition to learning, co-curricular activities including sports, recreational, and life skills activities will be offered. These complementary interventions will focus on developing self-confidence along with community and individual capacities to promote inter- and intrasocial cohesion and to build resilience within refugee and host communities.

As more than 52% of newly arrived refugee children and youth are girls, and considering the high drop-out rate for host community girls, improvements in gender mainstreaming and targeted interventions are needed to ensure that adolescent girls are not excluded from education assistance in both refugee and host communities. This includes creating safe environment, ensuring separate spaces for adolescent girls, recruiting female teachers, linking to cash-based interventions and supporting Menstrual Hygiene Management interventions.

The dedicated education programming for Rohingya refugee adolescents and youth aged 15 to 24 years will focus on English and Burmese language, math and science including enhancing capacity of the adolescents and youth to be resilient to protect themselves from any harmful practices that affect their life, society, environment and host communities and to prepare them for their future. Program for host community adolescents and youth will particularly focus on education for out of school adolescents, life and livelihood skills that bringing them back to the learning ladder and link them with jobs.

The medium of instruction of education program for Rohingya of the entire age group (3-24 years) would be English and Myanmar as directed by the NTF. However, local dialect as used by Rohingya could be used by the refugee teachers to bring proper understanding in teaching learning process

Education should be relevant and culturally appropriate for refugee children and use a standard and quality approach. The basis of educational support to the Rohingyas will be defined through an agreed learning framework which sets out the competencies to be met, comprising of learning for children living in makeshift settlements. The process of developing it will be participatory and take into consideration the views of the Government of Bangladesh and refugees. Continuous engagement with the Government of Bangladesh is critical to expand the humanitarian space for learning, and achieve greater policy clarity in line with the provisions of the United Nations Convention on the Rights of the Child, which holds state parties responsible for educating children in their jurisdiction regardless of their immigration status.

PEOPLE IN NEED



PEOPLE TARGETED



REQUIREMENTS (USD)



OF APPEALING PARTNERS



OBJECTIVE 1:

1 Reduce the risk of excess mortality and morbidity among boys and girls under 5 years old, PLW and other vulnerable groups through provision of life-saving interventions to treat Severe and moderate malnutrition.

OBJECTIVE 2:

2 Improve the nutritional status of affected population (girls, boys, adolescent girls and PLWs) and host communities by provision of malnutrition prevention interventions.

OBJECTIVE 3:

3 Strengthen nutrition sector coordination for effective nutrition emergency response planning, implementation, monitoring and capacity building of partners and counterparts to enhance delivery of timely and quality life-saving nutrition interventions to the affected population.

NUTRITION



NEEDS ANALYSIS

The Nutrition Sector, co-led by the Institute of Public Health Nutrition, under the Ministry of Health and Family Welfare (MoHFW), estimates that nearly 208,418 boys and girls 0-59 months as well as 107,445 pregnant and lactating women (PLW) and 88,026 adolescent girls amongst the Rohingya refugees and host communities need life-saving nutrition interventions.

High levels of undernutrition observed among refugees are triggered by pre-existing vulnerabilities such as consistently high levels of stunting above 40%⁷⁷, food insecurity, inappropriate hygiene and sanitation conditions, and limited access to safe water as well as poor living conditions that are prone to recurring communicable disease outbreaks, resulting in increased risk of negative nutrition outcomes among boys, girls and other most vulnerable groups.

Preliminary results of Standardized Monitoring Assessment for Relief and Transition (SMART) Surveys conducted in Kutupalong and Nayapara Registered Camps (RCs) as well as in makeshift and spontaneous settlements last year, suggest that the prevalence of Global Acute Malnutrition (GAM) among Rohingya children is above the WHO emergency threshold levels⁷⁸.

A SMART survey conducted in Kutupalong refugee camp in October 2017 revealed GAM prevalence of 24.3% and 7.5% Severe Acute Malnutrition (SAM) prevalence respectively. Later surveys conducted in November 2017 in makeshift settlements indicated 19.3% GAM prevalence and 3.0% SAM prevalence. Similarly, in Nayapara Registered Camp, 14.3% GAM prevalence and 1.3% SAM prevalence were recorded⁷⁹.

Furthermore, nutrition survey findings showed that nearly half of all children assessed were found to be anaemic in all three camps and makeshift settlements. This is an indication of high prevalence of micronutrient deficiencies among the Rohingya refugees. In addition, poor infant and young child feeding practices were observed, particularly in the makeshift camps where 56% of children 0-5 months were exclusively breastfed. While better exclusive breast-feeding rates were recorded in Kutupalong and Nayapara, these findings should be interpreted with caution since they are extrapolated from a very small size.

All three SMART surveys revealed that only a small proportion of children aged 6-23 months attained the recommended Minimum Acceptable Diet (MAD), with only 6.4% being recorded in makeshift settlements where a high proportion of new arrivals currently reside. In registered camps, where people have already access to e-vouchers and wider food choices the MAD is slightly higher, but still poor.

The coverage of measles immunization among children aged 6 to 59 months was also found to be sub-optimal - Kutupalong (55%) and wider makeshift settlements (45.3%), an indication of increased vulnerability to vaccine preventable diseases, especially among malnourished and immunocompromised children residing in congested camp environments.

Furthermore, negative coping mechanisms have also been reported by the Food Security Sector across all camp settings⁸⁰. These include selling of assets and humanitarian relief items to obtain cash, a practise that is likely to negatively impact the household food security when the assets are depleted.

77. Review of Rohingya influx since 1978, thematic report-December 2017

78. WHO classification of acute malnutrition GAM 10% with aggravating factors is serious, while GAM \geq 15% is critical and above the WHO emergency threshold.

79. Preliminary Results of Health and Nutrition Standardized Monitoring Assessment for Relief and Transition (SMART) Survey conducted between October-December 2017 by Action Against Hunger.

80. Preliminary results of the Refugee Influx Emergency Vulnerability Assessment (REVA), November-December 2017.

Based on the SMART surveys, the Nutrition Sector estimates that about 148,935 children aged 0-59 months will suffer from acute malnutrition. However, the presence of aggravating factors such as diarrhoea coupled with poor hygiene conditions and the effects of the monsoon season could further exacerbate the already poor nutrition status of the most vulnerable young boys, girls and adolescent girls in all camps. In addition, gender inequalities in intra-household food distribution further exposes women and girls to an additional risk of malnutrition⁸¹.

Data from capacity analysis shows gaps still exist amongst sector partners and these pose a challenge to implementing an effective nutrition response at scale, particularly in Community Management of Acute Malnutrition (CMAM), and in Infant and Young Child Feeding in emergencies (IYCF-E) interventions.

SECTOR STRATEGY

Note - The Nutrition Sector for 2018 will address only the most basic needs of the Rohingya refugees in accordance with the Government of Bangladesh's advice to focus on lifesaving assistance, well-being and dignity, restoration of severely damaged environment and confidence-building between the refugees and host community.

The development of the response strategy was realized in consultation with the Ministry of Health and Family welfare (MoHFW) representatives at Cox Bazar through the Civil Surgeon office and similarly at the national level through IPHN.

The Nutrition Sector will focus on maintaining and scaling up existing frontline quality life-saving nutrition interventions in the refugee camps and settlements and in host communities, prioritising the treatment of severe and moderate acute malnutrition to reduce malnutrition-related morbidity and mortality. Programme scale-up into areas where services are currently unavailable will be prioritized to increase programme coverage.

Severely malnourished children aged 0-59 months diagnosed with medical complications will be managed as in-patients in stabilisation centres (SC), while children identified with severe acute without medical complications will be treated at outpatient therapeutic care sites (OTPs). In addition, children and pregnant and lactating women (PLWs) suffering from moderate acute will be managed in targeted supplementary feeding programs. The sector will advocate for an integrated comprehensive nutrition package of services to be provided at each site to enable the provision of curative services to treat both severe and moderate acute malnutrition. Besides implementation of a prioritisation criteria that takes into account gender, age, disability, and targeting the most vulnerable, will be applied.

The precarious nutrition status of children under five and PLWs requires strategic nutrition initiatives to prevent malnutrition. These will target an estimated 107,445 PLWs and child caregivers with appropriate IYCF counselling, besides an estimated 45,246 adolescent girls will be provided with Iron/folate supplementation while 138,900 children under five and 47,468 PLWs will be targeted under the blanket supplementary feeding programs (BSFP) to prevent malnutrition. Key quality IYCF-E interventions will be offered across all the OTPs, TSFPs and BSFP sites to link malnutrition curative services with preventive efforts to reduce and or eliminate malnutrition relapses.

Community and individual empowerment of caregivers through behaviour change and communication initiatives to influence positive behaviour, and improve life skills and knowledge needed to provide optimal child feeding and care, will be promoted at household and community levels. This will target right holders to become more self-reliant and be able to provide appropriate care to their children and other vulnerable people to prevent malnutrition.

During programme implementation, sector partners will remain accountable to the affected population through strengthened feedback mechanisms and by responding to issues raised by the affected population. Continued strengthening of multi-sector integrated approaches to ensure both nutrition specific and nutrition-sensitive interventions will be implemented in close coordination with various sectors.

Integration of nutrition services into the health system shall be consolidated through training of health staffs on nutrition and provision of nutrition equipment and supplies to health facilities. Nutrition corners will be integrated into health posts and centres. Similarly, referral pathways between health and nutrition services shall be strengthened through training of nutrition staff on common infectious diseases, such as measles and diphtheria detection and subsequent referral to health facilities. Referral of pregnant mothers from nutrition sites to antenatal healthcare services shall be coordinated with the Health Sector.

Inter-sector collaboration with the GBV Sub-Sector will facilitate the provision of IYCF-E counselling with psychosocial support in Women Friendly Spaces. Nutrition workers will be trained to detect protection related vulnerabilities among children, and they will be referred to child protection for support. Likewise, animators working in Child Friendly Spaces will be trained on malnutrition detection.

81. ISCG gender profile of Rohingya refugees 2017

Collaboration with Food Security Sector will be strengthened to ensure synergy and support for evidence-based nutrition sensitive interventions, as well as joint assessments. The Food Security Sector will be transitioning from in-kind general food distribution to cash-based interventions enabling households to purchase fresh foods and to diversify diets, hence referrals to the Food Security Sector to prioritize households with malnourished family members in the targeted areas will be undertaken. Both Sectors will also collaborate to stimulate production of micronutrient rich foods by the host community to meet new market opportunities within the camps and settlements.

Coordination with the WASH sector will be strengthened to facilitate the provision of integrated hygiene and nutrition messages, as well as targeting of vulnerable households with malnourished children with soap and additional support to carry out home water treatment.

The Nutrition Sector will focus on quality improvement of nutrition service delivery through formal trainings, supportive supervision and mentoring of frontline workers, plus strengthening the CMAM outreach programme and community IYCF-E initiatives. Support to sub-optimally breast-fed children will be provided as well as the monitoring and identification of violations of the national Code on Marketing of Breastmilk Substitutes. Continuous monitoring and evaluation of nutrition programs will be undertaken and correction measures implemented to ensure minimum operational nutrition standards recommended for refugee settings are met.

The Nutrition Sector will continue its efforts to facilitate timely detection of the malnourished by supporting active case finding at the transit centers, and at the community and facility level through MUAC screening, defaulter tracing and referral of identified cases for treatment.

To ensure sustainability of programme implementation the sector will work closely with the Ministry of Health, national NGOs and civil societies to facilitate the sharing of knowledge and skills between local and international organizations. The Sector will also ensure leadership and representation of local organizations on the Sector Strategic Advisory Group and technical working groups, and will continue to work closely with Government counterparts to strengthen local capacity in sector coordination.

Host Community Response: In the host communities, nutrition service provision will continue to focus on the treatment and prevention of malnutrition and nutrition surveillance activities to monitor the evolution of malnutrition.

System strengthening support shall be provided to the Ministry of Health and Family Welfare (MoHFW) to reinforce nutrition service delivery through capacity building of frontline health workers in key priority areas such as complicated management of acute malnutrition, data management and reporting as well as community IYCF programing.

Coordination: The sector coordination mechanisms shall continue to be co-led by Government, under MoHFW, by the Institute of Public Health Nutrition. Support will be provided to government to recruit a co-lead to work with the sector coordinator to ensure needs of affected people are met in a reliable, effective, inclusive manner that respects humanitarian principles. Inter sectorial coordination and collaboration with other sectors notably food security, WASH, Health will be strengthened to facilitate comprehensive planning and service delivery of multi sectoral malnutrition prevention and curative services.

The sector will also prioritize information management to ensure harmonized messaging and service delivery. Routine data collection and analysis shall be realized to support informed decision making in addressing existing gaps, prioritization of resources and mechanisms to eliminate duplication of service delivery.

ORG. IN NEED

 **20**

ORG. TARGETED

 **20**

REQUIREMENTS(USD)

 **3.6M**

OF APPEALING PARTNERS

 **2**

OBJECTIVE 1:

1 Support Logistics and Operations managers working to implement relief programmes to identify and address common problems, share technical expertise and to highlight and address common operations/implementation challenges.

OBJECTIVE 2:

2 Collect and share data and information in support of humanitarian logistics operations, and to ensure transparency of all Logistics Sector activities.

OBJECTIVE 3:

3 Put into place and manage implementation of logistics service to address gaps in the humanitarian supply chain and supplement the response of the humanitarian community.

LOGISTICS



NEEDS ANALYSIS

There is a general shortage of warehousing available for humanitarian use in Cox's Bazar District: storage options become more limited further south, and available land for the construction of new storage facilities is extremely limited. The primary road network connecting major cities (Dhaka to Chittagong to Cox's Bazar) is typically effective, and widely used for the movement of commercial goods; conditions are generally favourable, and no security issues have been reported to date. However, with the rapid expansion of refugee settlements and makeshift sites across Cox's Bazar District, heavy road congestion is often reported. Limited secondary transport infrastructure has been established within the main refugee settlements and makeshift sites, but the network is insufficient to the needs and vulnerable to rains.

Cox's Bazar District experiences some of the highest annual rainfall in Bangladesh, and there is potential for landslides and flash flooding during the rainy season (June to October). In addition, just before the onset (April and May) and at the end of the rainy season (September to December), Bangladesh is at risk from tropical storms and cyclones that form in the Bay of Bengal. Damage to infrastructure from high winds can be severe, and when coupled with heavy rain can limit movement and restrict road access.

SECTOR STRATEGY

The major logistics constraints limiting humanitarian operations in Cox's Bazar District currently are: a lack of available storage capacity; congestion along road infrastructure leading to refugee settlements and makeshift sites; poor and insufficient vehicle access within refugee settlements and makeshift sites; and minimal availability of logistics facilities, assets and infrastructure capable of remaining fully functional throughout the up-coming storms and rainy season (from April to December 2018).

To support humanitarian logistics and supply actors in addressing these challenges, the Logistics Sector will put dedicated Coordination capacity put into place to work with logistics and supply managers and continuously monitor the logistics and supply chain situation; establish and maintain Information Management support to consolidate and share key information on local, regional and national logistics capacities and the operating environment to ensure informed decision making; and implement common storage for relief cargo in Cox Bazar District to address a gap in available capacity.

The strategy of the Logistics Sector is intended to augment, not replace, the logistics capacities of individual agencies or organisations; to fill commonly identified gaps in the humanitarian supply chain and supplement the response of the humanitarian community. The Logistics Sector, moreover, does not aim to replicate logistics services already commercially available.

ORG. IN NEED

 **20**

ORG. TARGETED

 **20**

REQUIREMENTS(USD)

 **1.2M**

OF APPEALING PARTNERS

 **1**

OBJECTIVE 1:

1 Increase the effectiveness of the humanitarian response through the coordination and information-sharing activities avoiding duplication of efforts and enabling humanitarian actors to make informed decisions.

OBJECTIVE 2:

2 Collaborate with inter-sector initiatives aimed at improving affected communities' access to vital information and communication services on aid, safety and survival by providing advice to humanitarian organizations and implementing technical solutions.

OBJECTIVE 3:

3 Enhance the existing security telecommunications services in the response areas so humanitarians can carry their jobs safely and efficiently and strengthen emergency preparedness mechanisms.

EMERGENCY TELECOMMUNICATIONS



NEEDS ANALYSIS

The Emergency Telecommunications Sector (ETS) conducted several assessment missions from October to November 2017 to identify gaps in the areas of telecommunications, connectivity and communication in the humanitarian response areas in Cox's Bazar. The ETS partnered with Internews to assess the information needs in the crisis-affected areas in Cox's Bazar. This is in line with the ETC 2020 strategy which aims at ensuring the humanitarian organizations involved in the response activities have access to the vital communications services. The joint assessment conducted in October 2017 indicated profound communications gaps, such as:

- Humanitarian aid workers are neither trusted nor viewed as a source of information by any major section of the affected community. It is clear that more needs to be done for the humanitarian community to gain and sustain trust by providing effective, two-way communications channels to the communities they serve,
- More than three quarters (77%) of the affected population feel that they do not have enough information to make good decisions,
- Almost two-thirds (62%) report that they are unable to communicate with aid providers.

Furthermore, the ETS assessed the existing radio security infrastructure and services to ensure shared inter-agency emergency telecommunications are available in all common operational areas in Cox's Bazar. This assessment showed the need to upgrade the security telecommunications infrastructure to cover critical operational areas.

The ETS met with representatives of the Bangladesh Telecommunication Regulatory Commission (BTRC) to discuss the ETS support to IT emergency preparedness activities, which are a priority for the Government of Bangladesh due to frequent monsoons and cyclones that affect the country.

SECTOR STRATEGY

- After the comprehensive assessments is conducted, the ETS response will focus on the augmentation of the current in-country telecommunications services delivery and capacity through the provision of technical staff and Information and Communications Technology (ICT) equipment where feasible to ensure all operational areas in Cox Bazar are covered. To complement this augmentation, the ETS will carry out capacity building activities for UN staff, radio operators and drivers on standard security telecommunications procedures.
- To ensure a coordinated humanitarian response, the ETS and its partners on the ground will continue to liaise between the telecommunication stakeholders and the humanitarian community. The ETS will engage with both mobile and Internet Service Providers (ISPs) to gather their recovery plans and existing services and share them with the humanitarian community. In addition, the ETS will support crucial importation processes of equipment in close collaboration with the Ministry of Telecommunications to enable humanitarian activities on the ground.
- Furthermore, ETS Information Management (IM) services will continue to be provided to the humanitarian community to strengthen the coordination mechanisms on the ground. IM products will be produced and disseminated on a timely basis to allow humanitarians to make informed decisions.
- To support inter-sector initiatives aimed at fulfilling the information gaps of the

affected communities, the ETS engaged with the Communicating with Communities (CwC) Working Group. Through this collaboration, the ETS is involved in the following projects:

- Provision of technical assistance and equipment to complement the setup of the Information Centres being established in the crisis-affected areas. The aim of these centres is to provide the Rohingya refugees with information on health, nutrition, hygiene and other relevant information;
- Expansion of the coverage of a community radio based in Teknaf from 50% to 90% in the Cox's Bazar refugee response areas. With the support of the ETS, more Rohingya refugees and the local communities will have access to relevant information for their lives in their own language as this radio station has been working with different humanitarian organisations, such as UNICEF, UNDP, BBC Media Action, Christian Aid and John Hopkins University Center for Communication Program, to broadcast awareness programs on health, nutrition, water and sanitation, disaster, malaria and HIV/AIDS, Sexually Transmitted Infections, and trafficking, among other topics.
- Support CwC's humanitarian feedback and accountability initiatives by developing the "ETC Connect" app. Through face to face interaction with beneficiaries the humanitarian organizations can use the app to register complaints. Beneficiaries can use the app to register complaints, which will be directed to the humanitarian organisations necessary. This app has been field-tested by BRAC, a Bangladesh-based international NGO working directly with the affected communities, and their recommendations are being incorporated. When finalised, this app will be offered as a feedback mechanism to the humanitarian organizations who do not already have a feedback system in place.

To empower local authorities to become more resilient, the ETS Emergency Preparedness and Response (EPR) officer will conduct a mission early 2018 to evaluate activities to strengthen emergency preparedness measures.

Throughout 2018, the ETS will continue assessing the needs of the humanitarian community and participating in the already-established coordination mechanisms such as Inter-Sector, CwC and ETS Working Groups to identify additional gaps and respond accordingly.

PEOPLE IN NEED

 **1.3M**

PEOPLE TARGETED

 **0.9M**

REQUIREMENTS(USD)

 **5.9M**

OF APPEALING PARTNERS

 **7**

OBJECTIVE 1:

1 Advocate with diverse partners and stakeholders to strengthen integration and coordination of CwC and community engagement initiatives to reduce duplication and enhance accountability to affected population.

OBJECTIVE 2:

2 Operationalize common and collective mechanisms so that life-saving or life-enhancing information is provided to and feedback collected from affected communities using channels adapted to the context, gender and age.

OBJECTIVE 3:

3 A consistent approach to language and literacy across the response improves two-way community engagement.

COMMUNICATION WITH COMMUNITIES

NEEDS ANALYSIS



Initial efforts of the Communicating within Communities Working Group partners have focused on establishing information and communication channels among refugees and providing lifesaving information at key locations such as border points. All the while, information needs have continued to evolve. Both refugees and host communities have expressed a need for more information; in one assessment, almost 80% of refugee and host communities reported not having sufficient information⁸². An important point to note here is the distinction between the needs of refugees and host communities, with marginally more refugees replying that they have sufficient information⁸³. With regard to their specific information needs, refugees are mainly interested in information on available humanitarian services and site navigation. Although many assessments did not specifically inquire into issues regarding potential returns and the coming cyclone and monsoon season, refugees will often affirmatively request information on those issues. In contrast, host communities are mostly looking for information on safety as well as prevention and responses to attacks and harassment. Moreover, a multi-sectoral rapid assessment conducted by the ISCG documented the need for mechanisms to refer communities to relevant service—and to receive their feedback and grievances. Two-way communication between the humanitarian community and the people they serve is critical to ensuring the accountability and efficacy of the system.

This two-way communication is restricted by multiple factors, including: an inconsistent approach to language and literacy, the limited reach of media, the lack of legal mobile phone connectivity. These factors hamper the humanitarian community's efforts to collect feedback and complaints from diverse channels. A recent assessment⁸⁴ concludes that language is a major barrier to communication across the response, which is compounded by a high illiteracy rate (between 73% and 95%). The Rohingya language used by 96% is an oral language with no written script. The language issue hinders the effectiveness of outreach workers and requires a distinct approach for developing communication products. The radio, usually one of the most reliable communication channels, is used only by 21% refugees mainly because of the lack of access to radio sets, the prohibition to broadcast in Rohingya and the lack of diversity in programming.

These challenges likely prompt the communities to rely heavily on an established hierarchy, headed by majhis and imams, as chief communication filters. This hierarchy does not support direct, two-way communication with affected communities. As a result, reaching and hearing from adolescents, women and housebound individuals is challenging. These groups struggle to receive information they need to make their own decisions, and the humanitarian community cannot not fully benefit from their feedback.

SECTOR STRATEGY

The Working Group strategy is to ensure a two-way communication process between the humanitarian response and the affected people through consistent, coordinated and evidence-based approaches on language to empower women and men, boys and girls, as well as marginalized and disabled people, to get the information they need and provide feedback on their own priorities and concerns regarding humanitarian action. The strategy identifies a set of activities in the framework of collective, common or

82. Internews, Information need assessment, Cox Bazar-Bangladesh, November 2017.

83. Internews, Information need assessment, Cox Bazar-Bangladesh, November 2017.

84. Translators Without Borders, Rapid Assessment of Language Barriers on Cox's Bazar Refugee Response, Cox Bazar, Bangladesh November 2017.

coordinated services to be rolled out either during the ongoing emergency or in any acute crisis such as a disease outbreak or cyclone. These activities include support for field staff's ability to communicate directly with both refugee and host communities using a wide range of communication channels. Channels are selected with due regard to community preferences, and include radio, audio, video, print, digital and face-to-face interactions. By systematically collecting and analysing information on community priority needs, feedback and complaints, the collective services will support sector partners to improve humanitarian response quality and will be more accountable to affected people. Responding to community feedback, through adjustments to the response and/or communicating to affected people as to why adjustments were not made, will build trust and improve acceptance.

Information saves lives, just as a lack of information threatens peoples' lives as well as their access to other basic rights. These truisms are demonstrated by the impending monsoon and cyclone season as well as the current diphtheria outbreak in the camps. Put differently, people cannot benefit from the assistance they need to survive if they are uninformed on assistance access modalities. Moreover, it has also been noted that rumours thrive in information gaps. Inaccurate information can undermine social cohesion both within refugee communities as well as between refugees and host communities. Considering the above risks, the Communicating within Communities Working Group prioritizes the provision of language and information services, and the collection and analysis of feedback - the building blocks of quality two-way communication. Multi-directional communication and community engagement efforts to inform communities about life-saving practices and services, and reduce health and protection risks, need to be done in a coordinated manner. Therefore, the collective services will provide:

- Language support through direct and rapid translation of key messages, development of a standardized lexicon in each sector and a pool of translators trained to help community outreach workers.
- Information to refugees in the camps through audio and video formats transmitted via digital platforms or the social mobilizers network. Information centres will be reinforced by a standardized minimum package of information and feedback services.
- Feedback will be collected through flash focus groups with key informants, community correspondents who will be trained for rumour tracking, and fact checking within communities. Community mobilization, participation and engagement staff from all sectors - as well as government counterparts - will be a key to providing information and collecting feedback but will require ongoing training and support. The Core Humanitarian Standards will be used as rules of thumb for feedback collection. The setting of a common data analysis mechanism is also critical for unifying data coming from multiple channels across the response. Feedback collected directly by agencies across the response, and the proposed hotline to be led by the Emergency Telecommunications Sector, will be combined and analyzed to identify trends that will inform decision making at the sector and ISCG levels.
- The coordination will be strengthened with the Communicating within Communities Working Group and with other key sectors to ensure timely and adapted responses during this ongoing emergency or any sudden acute crisis. The group will provide technical support to the Protection Sector to ensure that communities are aware of risks, to support delivery of the sector's community-based approach and social cohesion with host community. The Communicating within Communities Working Group will also strengthen its collaboration with government-led efforts at the national level and with key sectors. The Communicating within Communities Working Group will work with the Emergency Telecommunications Sector to explore improvements in the ETS CONNECT platform for use by field staff. The group will also discuss with government representatives and the Emergency Telecommunications Sector to help reinforce the existing national call center or set up a new one in host community. A close liaison with the Emergency Telecommunications Sector will also be critical to coordinate mobile and radio coverage, TV screens and audio in refugee's camps as well as in host communities. Coordination with the Shelter and Non-Food Items Sector, will help distribute relevant information in multi-purpose halls in different sites and deliver information elements of pre-monsoon and pre-cyclone shelter improvement programs. In collaboration with the Information Management Working Group, the Communicating within Communities Working Group will help centralize data and establish a common data analysis center for feedback. In strong cooperation with the WASH, Health, Education and Nutrition Sectors, will develop a community engagement plan for behaviour development and social change for utilisation of services and uptake of household-level risk mitigation practices.
- Within the Communicating within Communities Working Group, an Emergency Risk Communication Group will be activated to support any taskforce that will be put in place in response to any kind of acute crisis. The four Communicating within Communities Working Group subgroups (Radio, Accountability, Information Hub, Content) will be revitalized to allow coordinated delivery of information both on radio as well as in Information Hubs, agreed common messages to be used by sectors, and coordinated feedback mechanisms across agencies.

ORG. IN NEED⁸⁵

 over **130**

ORG. TARGETED

 over **130**

REQUIREMENTS(USD)

 **5.4M**

OF APPEALING PARTNERS

 **4**

OBJECTIVE 1:

1 Ensure effective humanitarian response through strengthened inter-sector coordination at strategic and operational levels.

OBJECTIVE 2:

2 Reinforce humanitarian community's ability to conduct humanitarian response through the establishment of a humanitarian hub and strengthened information management.

OBJECTIVE 3:

3 Ensure effective advocacy and resource mobilization in support of the collective humanitarian response, including national and local partners.

COORDINATION



NEEDS ANALYSIS

The scale and speed of the Rohingya refugee arrivals triggered rapid response from the Government of Bangladesh, with major shifts in the roles and responsibilities of Government of Bangladesh's Ministries and authorities at national and local level in response to the crisis, including a significantly expanded operational coordination role for the Ministry of Disaster Management and Relief (MoDMR), at District level through the Refugee Relief and Repatriation Commissioner (RRRC), and the deployment of the Military. In terms of Government coordination, the National Task Force, established in 2013 by the **Government's National Strategy on Undocumented Myanmar Nationals and refugees**, remains in place to provide oversight and guidance of the Rohingya response, chaired by the Ministry of Foreign Affairs with more than 22 Ministries and authorities, with the Deputy Commissioner having oversight in Cox's Bazar District.

At the time of the influx, only 5 UN agencies and 5 international NGOs were present in Cox's Bazar prior to the influx and working in support of the Government on Rohingya response, along with 5 main NNGOs. The number of humanitarian actors on the ground has increased massively, including national and international NGOs and UN agencies. By early October, 35 agencies were known to be operating; by December, the number had grown to at least 150 agencies known to be responding to the crisis. Agencies on the ground continue to scale up.

Civil society response, in particular from religious organizations (with hundreds of mosques and madrasas having been established), as well as engagement from non-traditional donors has also been, and will continue to be, significant. It is anticipated that many organizations are likely to make discrete contributions and will not have sustained presence in Cox's Bazar. There is urgent need for strong coordination and outreach to ensure the most efficient use of resources, adequate monitoring and delivery to agreed standards.

This increasing complexity in terms of numbers and size of actors involved demands a continued strengthening of (and redoubled commitment to) the existing coordination structure to ensure that the operation can be properly supported, that the humanitarian community can speak with one voice, and that resources are properly channeled to reach people in need quickly, effectively and appropriately. In June 2017, a sector based coordination structure with an inter-sector coordination role, hosted by IOM and co-supported by UNHCR, was agreed for the Rohingya response. The structure has been strengthened and established since the August 2017 arrivals, with the introduction of a Senior Coordinator role whose direct counterparts are the RRRC and DC, expanded functions within an inter-agency coordination team, and new sectors, working groups and co-chair arrangements established.

SECTOR STRATEGY

Guided by the key humanitarian principles and refugee management and protection principles, coordination will ensure that humanitarian action is balanced, ensures application of "Do No Harm", Accountability to Affected Populations, and facilitates the Centrality of Protection across all action and stakeholders, irrespective of activity.

While Strategic guidance and national level Government liaison will be provided by the

85. The number of organisations known to be operating in Cox's Bazar as of February 2018. Not all are expected to have sustained operations in the response, but all need guidance on ongoing activities and gaps, who is doing what where, and sector standards.

Strategic Executive Group (SEG) in Dhaka, which is co-chaired by the Resident Coordinator, IOM, and UNHCR, at District level, the Senior Coordinator heads the Rohingya Refugee Response, ensuring a field oriented and bottom-up approach focused on addressing the needs of the refugees and immediately affected host communities. In order to achieve this, the Senior Coordinator will continue chairing the Heads of Sub-Office (HoSO) group (Heads of all UN Agencies and representation from of the INGO and NNGO community, and representatives of the donor community based in Cox's Bazar).

The Senior Coordinator also leads the Inter-Sector Coordination Group, thereby guiding the response, comprehensively supported by a Secretariat. The Senior Coordinator has direct reporting lines to the three Co-Chairs based in Dhaka, thereby providing the ground orientation and evolving needs and issues to the Dhaka based Strategic Executive Group. The inter-agency ISCG Secretariat consists of core coordination functions that will provide a common service to all responding actors, including external relations, situation, analysis and planning, and coordination units.

This structure will support ten currently active sectors: Health, (MoHFW/Civil Surgeon/WHO); Shelter/NFI, (RRRC/IOM/Caritas); Site Management, (RRRC/IOM/DRC); WASH, (DPHE/ACF/UNICEF); Education, (MoE/ADC Education/UNICEF/SCI); Nutrition, (MoHFW/Civil Surgeon/UNICEF); Food Security, (RRRC/ADC Food Officer/WFP/Mukti); Protection, (RRRC/MoWCA/UNHCR) (GBV sub-sector, UNFPA; Child Protection sub-sector, UNICEF); Logistics, (WFP); Emergency Telecommunications, (WFP). The Secretariat will also support eight inter-sector working groups currently operating: Communication with Communities, (IOM); and Host Communities; Information Management; Cash; Capacity Building; Gender in Humanitarian Action; PSEA Network; and Emergency Communications, the latter of whose coordinators will all be hosted in the ISCG Secretariat.

To mainstream and integrate gender equality and the empowerment of women and girls in the humanitarian response for humanitarian effectiveness and accountability, the inter-sector Gender in Humanitarian Action Working Group (GiHA WG), led by UNHCR and UN Women with technical support by Senior inter-agency Gender Capacity Adviser (GENCAP), comprised of nominated sector gender focal points and gender advocates, is activated with a ToRs and Work Plan to provide cross-sectoral technical support to the ISCG and SEG. The GENCAP will be hosted in the Secretariat.

Prevention of Sexual Exploitation and Abuse (PSEA) by responding agency staff is another key priority. The Secretariat will host the PSEA Network Coordinator. To support the cash elements of the response, which cross all sectors, a Cash Working Group Coordinator (with technical team) will also be hosted. The Information Management Working Group will be convened by the IM Unit Team Leader, bringing together all sector Information Management Officers. The Emergency Communications Working Group brings together Public Information and/or Media/Communications staff from across agencies, and will be convened by the Secretariat Communications Officer.

Increasing localization will be a key goal. One element of this will be the establishment of the Capacity Building Working Group, which will develop a strategy for dynamic two-way capacity building. International organisations will actively seek to learn from the vast indigenous knowledge of national actors about the most effective way to operate in the current context, and efforts will be made to support national NGOs through capacity assessments, training and mentoring in governance and administration in order to enhance their absorption capacity and effectiveness.

Support will be offered to the Government of Bangladesh to enhance their capacity to coordinate the response effectively, including an in-depth technical review of the Cox's Bazar Development Plan to incorporate the full impact of the crisis on the District. This will support the strategic development of host community programming under the leadership of the DC.

Inter-Sector coordination will be strengthened at field level, facilitated through the Ukhia coordination hub, and through the establishment of a second hub in Nhilla, with support from the International Humanitarian Partnership (IHP) in its establishment. The two hubs will be maintained throughout the year as common facilities, including office and meeting space.

Coordination will have the following priorities:

- Support the Strategic Executive Group, HoSOG and the Inter-Sector Coordination Group efforts to take decisions on operations, key policy issues, and security challenges.
- Maintain a common and in-depth understanding of needs across makeshift settlements, refugee camps, spontaneous settlements, and host communities. The ISCG Secretariat will facilitate joint and inter-sectoral assessments as appropriate, contributing to needs and population monitoring efforts and data analysis.
- Strengthen data and information management, including 5Ws, on behalf of the whole humanitarian community to support operational and strategic decision making - gathering, analyzing, and sharing. Efforts will be made to analyze linkages between needs analyses and response.
- Manage the response programme cycle: development and revision of response and contingency plans, monitoring and evaluation of response plans.

- Ensure clear and effective links with Government; strengthen collaboration with national and local government authorities.
- Support the scale up and sustainability of the response through effective INGO and NNGO engagement, including support to capacity building efforts.
- Monitor and analyse access constraints, and engage relevant parties to address humanitarian concerns.
- In collaboration with the Protection Sector, ensure the centrality of protection and protection mainstreaming across the response irrespective of Sector and actor.
- Ensure cross-cutting and thematic issues are properly addressed and coordinated across the response, including gender, age and disability, environmental sustainability, cash, and engagement with affected communities.
- Ensure that humanitarian community engagement with host communities is strengthened at the field and District levels.
- Facilitate synergies and linkages between humanitarian and development approaches for refugees and local communities.
- Scale-up advocacy initiatives and resource mobilization efforts in support of the Rohingya refugee crisis.
- Enhance coverage, timely assistance and connect different aid agencies through establishment and maintenance of two coordination hubs (Ukhia already established, Nhilla to be established) to facilitate field coordination to allow humanitarian actors to communicate, plan and deliver aid more efficiently and effectively. The coordination hubs will provide office and meeting space to humanitarian actors.
- Ensure all assessments collect, analyse and use disaggregated data and analysis on gender, age and diversity and equally consult with women, girls and marginalized groups.
- Ensure all sectors mainstream gender aspects into overall response including by applying the ISCG gender profile, ISCG sector gender tipsheets, IASC Gender Marker/IASC Gender and Age Marker and other IASC GiHA guidance.
- Ensure all humanitarian staff to complete the IASC Gender in Humanitarian Action e-training “Different Needs: Equal Opportunities”.
- Ensure the leadership and meaningful equal representation of women and marginalised groups, as well as CSOs representing these population groups, in the overall response.
- Ensure gender balance and adequate numbers of trained female staff in the overall response and ensure they are provided with necessary safety and security measures.

PART IV:

ANNEXES



FOOD SECURITY

Objective 1: Ensure and sustain timely provision of life-saving and life-sustaining assistance for Rohingya and host communities Relates to SO 1

INDICATOR	IN NEED	BASELINE	TARGET
Number of people receiving food assistance disaggregated by sex	959,000	700,000	959,000
Number of targeted people with improved FCS disaggregated by sex	959,000	30 percent have an unacceptable FCS	30% increase

Objective 2: Strengthen, enhance and support the livelihoods of host communities and promote self-reliance opportunities for Rohingya refugees, including support to key community infrastructures such as markets, agriculture infrastructures and environment sensitive interventions. Relates to SO 2, 3

INDICATOR	IN NEED	BASELINE	TARGET
Number of people receiving cash/in-kind Livelihoods support including IGAs disaggregated by sex	350,000	50,000	350,000
Number of people receiving self-reliance packages (trainings, skills, socio-economic empowerment) disaggregated by sex	600,000	0	420,000
Number of community based interventions and infrastructures rehabilitation (markets, irrigation canals/dam)	85	0	85
Reduced proportion of households applying emergency, crisis and stress livelihood coping strategies disaggregated by sex	670,000	80 percent of HHs resorting emergency, crisis and stress livelihood coping strategies	30% decrease

HEALTH

Objective 1: Improve access to lifesaving and comprehensive primary and secondary health services for crisis-affected populations with special focus on child health aimed at reducing avoidable morbidity and mortality. Relates to SO1, 2, 3

INDICATOR	IN NEED	BASELINE	TARGET
Average population per functioning health facility (HF) by type of HF and by administrative unit	1.3 million	N/A, there is no standardized system in place at this time	One HP per 6,000 – 10,000 pop. One PHC per 20,000 1 hosp. per 200,000
Number of outpatient consultations per person per year disaggregated by sex and age	1.3 million	N/A, there is no standardized system in place at this time	N/A
Number of under 5 outpatient consultations per year disaggregated by sex and age	20% PIN	N/A, there is no standardized system in place at this time	N/A

Objective 2: Provide comprehensive and life-saving reproductive, maternal, neonatal and adolescent health care to reduce morbidity and mortality Relates to SO 1, 2

INDICATOR	IN NEED	BASELINE	TARGET
Number of health facilities (HF) with B-EmONC/500,000 population by administrative unit	N/A	2/500,000	20
Percentage of deliveries assisted by a skilled attendant (in a health facility)	4.9% of total PIN	22% (as per UNFPA assessment)	50%
Percentage of health facilities (PHC and HP level) providing at least two short methods(pills, injectable, condom) and one Long Acting Method (Implant, IUD)	24.5% of total PIN	N/A, there is no standardized system in place at this time	50%
Number of HF providing comprehensive 24/7 Clinical Management of Rape (CMR)	2% of total PIN	9	20

Objective 3: Ensure the prevention and response to outbreaks of diseases with epidemic potential and other health emergencies. Relates to SO 1, 2, 3

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of EWARS reporting health facilities reporting to EWARS as per agreed timelines	1.3 million	65%	80%
Percentage of epidemic alerts investigated within 24 hours of alert	1.3 million	N/A	100%

Objective 4: Strengthen health sector coordination to monitor response and quality of the services provided. Relates to SO 1, 2, 3

INDICATOR	IN NEED	BASELINE	TARGET
Number of field level visits undertaken to ensure standards, quality and coverage in the health response	1.3 million	0	45
Number of joint assessments conducted	1.3 million	0	6

SHELTER AND NON-FOOD ITEMS

Objective 1: Provide lifesaving emergency shelter and NFI to new influx of refugees or households affected by natural disasters or other shocks and to existing people in need. Relates to SO 2

INDICATOR	IN NEED	BASELINE	TARGET
Number of new influx and existing PIN who received emergency shelter kit.	326,000		326,000
Number of new influx and existing PIN who emergency NFI items	326,000		326,000

Objective 2: Improve living conditions, contributing to reduced suffering, enhanced protection, dignity, and safety.

INDICATOR	IN NEED	BASELINE	TARGET
Number of refugees and existing people in need HHs who received Shelter upgrade kits	713,284		713,284
Number of refugees and existing PIN HHs who benefit from localized site improvements	713,284		713,284
Number of PIN benefitting from an appropriate and viable shelter solutions	813,284		50,000

Objective 3: Improve social cohesion and enhance resilience. Relates to SO 3

INDICATOR	IN NEED	BASELINE	TARGET
Number of host and Rohingya HHs receiving essential Household Items (EHIs)	128,729		128,729
Number of HHs receiving HLP assistance	266,753		106,700
Number of host and Rohingya HHs benefitting from localised site improvements	128,729		25,745

Objective 4: Promote use of alternative fuels and cooking stoves. Relates to SO 1, 2, 3

INDICATOR	IN NEED	BASELINE	TARGET
Number of refugees and existing people in need HHs who received alternative fuel	813,284		813,284
Number of refugees and existing people in need HHs who received alternative cooking stoves	813,284		813,284

SITE MANAGEMENT

Objective 1: Enhance equitable access of refugees to relevant services and protection, based on locally agreed standards, ensuring refugees and host communities are informed, and engaged through representative community participation.

INDICATOR	IN NEED	BASELINE	TARGET
% individuals living in sites and community settings where the coordination and monitoring of services is ensured through a site management structure	1,054,070		90%
% individuals living in sites and community settings targeted by site management services with representative committees actively participating in humanitarian services delivery	1,054,070		50%
% individuals living in sites and community settings targeted by site management services with functioning complaint and feedback mechanism integrated into the site management structure	1,054,070		70 %
# stakeholders reached through site management capacity-building activities	N/A	209	800

Objective 2: Improve physical site access and safe and dignified living conditions for refugees, and adjacent host communities, including reducing their vulnerability to natural hazards.

INDICATOR	IN NEED	BASELINE	TARGET
% of individuals living in sites where site planning/site development/site improvement activities are carried out	1,054,070		70%
% individuals living in sites where physical risks are mapped out and risk mitigation plans put in place	1,054,070		70%

Objective 3: Support informed humanitarian decision-making and prioritization of gaps and needs across vulnerable groups and geographic areas.

INDICATOR	IN NEED	BASELINE	TARGET
% of locations hosting refugees assessed to collect data on demographics, needs & vulnerabilities and access to services	1,054,070		90% of known locations where refugees are settled in Cox's Bazar District

Objective 4: Enhance emergency preparedness and response capacities of refugees and host communities, and support local government in Cox's Bazar District to build resilience against natural disasters.

INDICATOR	IN NEED	BASELINE	TARGET
# stakeholders receiving capacity building support for disaster risk management skills and responsibilities	N/A		22,658

WATER, SANITATION AND HYGIENE

Objective 1: Ensure effective, sufficient and continuous provision of life saving water and sanitation services for targeted men, women, boys and girls. Relates to SO 2, 3

INDICATOR	IN NEED	BASELINE	TARGET
Number of targeted people (disaggregated by sex and age) in settlements benefitting from safe water of agreed standards and meeting demand for domestic purpose	1,052,495		1,052,495
Number of targeted women, men, children in settlements who are benefitting of functional latrines of agreed standards	1,052,495		1,052,495
Number of targeted people (disaggregated by sex and age) in host communities who are benefitting from water services	208,245		208,245

Objective 2: Ensure that all targeted women, men, girls and boys have the means and are encouraged to adopt individual and collective measures increasing health seeking behaviours to mitigate public health risks. Relates to SO 2, 3

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of targeted women, men, boy and girls able to demonstrate at least 3 critical hygiene practices	N/A	TBD	70%
Percentage of targeted women, men, boy and girls who are satisfied with the hygiene related information shared	N/A	TBD	80%
Number of targeted households who have received a WASH Hygiene kit and/or a top up kit and/or a voucher in the last three months	1,008,209		1,008,209

Objective 3: Ensure that all WASH assistance promotes the protection, safety and dignity of targeted people, and is used equitably to men, women, boys and girls. Relates to SO 1

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of targeted women, men, girls and boys including older people and those with disabilities who are satisfied with the WASH response.	N/A	TBD	80%
Number of targeted women and girls of reproductive age who have their menstrual hygiene needs met	258,000		258,000
Percentage of WASH partners respecting the five minimum commitments regarding safety and dignity of affected population in WASH programming	N/A	TBD	75%

PROTECTION

Objective 1: Monitor and advocate for access to territory, prevention of refoulement and promotion of and respect for refugees' rights. Relates to SO 1&23

INDICATOR	IN NEED	BASELINE	TARGET
Number of protection monitoring visits conducted, including to the border	N/A	100	600
Number of advocacy interventions for the promotion of and respect for refugees' rights	858,590	N/A	50
Number of refugees provided with legal advice and counselling including victims of trafficking and exploitation, by age and sex	N/A	N/A	3,500
Number of cases supported with legal aid	N/A	63	300

Objective 2: Enhance registration of all refugee women and men, girls and boys and facilitate their access to documentation and legal assistance

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of refugees for whom data disaggregated by sex, age, location and specific needs is available	858,590	4%	100%
Percentage of refugees provided with individual documentation based on comprehensive and unified database by sex and age	858,590	4%	100%

Objective 3: Promote a community-based approach to the response and provide protection services to persons at heightened risk

INDICATOR	IN NEED	BASELINE	TARGET
Number of persons benefitting from awareness raising and community based protection mechanisms, by age and sex	103,389	13,131	103,389
Number of refugees with improved knowledge and skills on protection, child protection and GBV response and prevention, who participate in community outreach work, by age and sex	1,500	190	1,500
Number of refugees at heightened risk as well as victims of trafficking and exploitation, identified and supported, including through case management, by age and sex	15,317	3,113	15,317
Number of individuals, including percentage of adolescents, benefiting from life skills and resilience programming, by age and sex	110,000	28,334	110,000

Objective 4: Support system strengthening and social cohesion within refugee and host communities Relates to SO 1,2&3

INDICATOR	IN NEED	BASELINE	TARGET
Number of quick and mid-term impact projects contributing to peaceful co-existence	N/A	N/A	30
Number of government officials participating in exchanges on best practices	N/A	N/A	200
Number of dedicated protection actors and staff trained and acquiring enhanced technical skills	5,200	889	5,200
Number of other service providers trained on protection principles including GBV response and child protection in emergency basics, by sex	2,000	N/A	2,000

Objective 5: Enhance access and improve quality response and prevention services for individuals at-risk of gender-based violence

INDICATOR	IN NEED	BASELINE	TARGET
Number of individuals receiving case management services by social service providers trained in GBV survivor-centered care approaches, by age and sex	N/A		N/A
Number of individuals participating in GBV prevention programs, by age and sex	310,795		70,920
Number of individuals at-risk of GBV receiving psychosocial support services, by age and sex	285,000		285,000
Number of women and adolescent girls who received dignity kits, by age	276,915	88,437	40,000

Objective 6: Improve access to quality child protection services and psychosocial support activities for girls and boys with protection concerns and who are at risk, including unaccompanied and separated children, Relates to SO 1, 2&3

INDICATOR	IN NEED	BASELINE	TARGET
Number of girls and boys benefiting from psychosocial activities		168,022	70%
Number of girls and boys at risk, including unaccompanied and separated children identified and receiving case management services		8,516	22,000
Number of unaccompanied and separated girls and boys reunified with their primary caregivers or placed in a long-term family based care arrangement		93	6,000

EDUCATION

Objective 1: Provide immediate access to equitable learning opportunities in a safe and protective environment to crisis-affected refugee and host community children and youth (ages 3-24 year-olds). Relates to SO 1,2

INDICATOR	IN NEED	BASELINE	TARGET
Number of children and youth enrolled in learning opportunities in camps, settlements and host communities (disaggregated by sex and age).	614,000	110,000	530,000
Number of learners and teachers receiving standardized education materials (disaggregated by sex and age)	625,000	88,000	540,000
Number of safe, protective and equipped learning spaces established and functional with adequate sex-disaggregated WASH facilities	5,000	1,115	3,500
Number of children and youth enrolled in learning opportunities in camps, settlements and host communities (disaggregated by sex and age).	614,000	110,000	530,000

Objective 2: Improve quality of teaching and learning for refugee and host community children and youth, aligned with Education Sector standards, and increase teaching-related professional development opportunities. Relates to SO 2

INDICATOR	IN NEED	BASELINE	TARGET
Number of teachers and learning instructors (disaggregated by sex) from refugee and host communities trained on psychosocial support.	10,000	0	9,000
Number of teachers and learning instructors (disaggregated by sex) from refugee and host communities trained on foundational teaching and content.	10,000	1,900	9,000
Percentage of teachers and learning instructors (disaggregated by sex) from refugee and host communities receiving professional development teacher training.	100%	0%	80%
Number of cases supported with legal aid	N/A	63	300

Objective 3: Increase refugee and host community participation and engagement in children's education. Relates to SO 3

INDICATOR	IN NEED	BASELINE	TARGET
Number of Community Education Committees (with 50% women representation) established, trained, and engaged in the enrollment and retention of children and youth in learning facilities.	5,000	400	1,750
Number of community members (disaggregated by sex) sensitized on child rights and the importance of education actively engaged in improving the enrollment and retention of students.	50,000	8,000	35,000
Number of children, youth, and community members disaggregated by sex engaged in social cohesion initiatives (co-curricular activities).	95,000	0	50,000

NUTRITION

Objective 1: Reduce the risk of excess mortality and morbidity among boys and girls under 5 years old, PLW and other vulnerable groups through provision of life-saving interventions to treat Severe and moderate malnutrition. Relates to SO 2

INDICATOR	IN NEED	BASELINE	TARGET
Global Acute Malnutrition Prevalence(GAM)		Kutupalong RC: 24.3% GAM Makeshift Settlement: 19.3% GAM Nayapara RC: 14.3% GAM	GAM< 15%
Number of Boys and Girls aged 0-59 months with SAM newly admitted for treatment	38,992	22,876	35,093(90%)
Number of Boys and Girls aged 6-59 Months MAM newly admitted for treatment	118,194	12,927	103,773 (88%)
Proportion of discharged SAM cases who recovered $\geq 75\%$	100%	73 %	$\geq 75\%$

Objective 2: Improve the nutritional status of affected population (girls, boys, adolescent girls and PLWs) and host communities by provision of malnutrition prevention interventions. Relates to SO2, 3

INDICATOR	IN NEED	BASELINE	TARGET
Number of Boys and Girls aged 6-59 months reached with Vitamin A supplementation	208,418	180,100	187,576(90%)
Number of adolescent girls reached with Iron/folate supplementation	88,027	5,118	45,246(51%)
Number of Pregnant and Lactating Women and Care-givers of children aged 0-23 months provided with IYCF counselling	107,445	64,189	85,956(80%)
Number of Boys and Girls aged 6-59 Months reached with Blanket supplementary feeding programs	154,333	77,408	138,900 (90%)

Objective 3: Strengthen nutrition sector coordination for effective nutrition emergency response planning, implementation, monitoring and capacity building of partners and counterparts to enhance delivery of timely and quality life-saving nutrition interventions to the affected population. Relates to SO1, 3

INDICATOR	IN NEED	BASELINE	TARGET
Number of Nutrition SMART surveys conducted	n/a	3	7
Number of Coverage Investigations (SUEAK/SLEAK Surveys) Conducted	n/a	0	3
Number of Partner agencies staff trained in Nutrition in emergencies	n/a	0	30
Number of partner agencies with Accountability for Affected population (AAP) feedback mechanisms in place and functioning	n/a	3	10

LOGISTICS

Objective 1: Support Logistics and Operations managers working to implement relief programmes to identify and address common problems, share technical expertise and to highlight and address common operations/implementation challenges.

INDICATOR	IN NEED	BASELINE	TARGET
Organizations participating in coordination Activities responding to a regular user survey with a satisfaction rate of "Satisfied" and "Very Satisfied".	n/a	80%	85%
Organizations sharing pipeline/planning information.	n/a	17	15
Organizations participating in training activities.	n/a	17	15

Objective 2: Collect and share data and information in support of humanitarian logistics operations, and to ensure transparency of all Logistics Sector activities. Relates to SO 2

INDICATOR	IN NEED	BASELINE	TARGET
Organizations utilizing IM products responding to a regular user survey with a satisfaction rate of "Satisfied" and "Very Satisfied"	n/a	85%	85%
Organizations contributing logistics assessments and/or capacity information to be shared with the wider humanitarian community	n/a	15	17
Traffic to the logistics sector website.	n/a	2,088	4,500

Objective 3: Put into place and manage implementation of logistics service to address gaps in the humanitarian supply chain and supplement the response of the humanitarian community. Relates to SO 2

INDICATOR	IN NEED	BASELINE	TARGET
Organizations utilizing cargo handling services responding to a regular user survey with a satisfaction rate of "Satisfied" and "Very Satisfied"	n/a	80%	85%
Percentage of service requests for cargo handling fulfilled	n/a	100%	85%
Organizations utilizing cargo handling services responding to a regular user survey with a satisfaction rate of "Satisfied" and "Very Satisfied"	n/a	80%	85%

EMERGENCY TELECOMMUNICATIONS

STRATEGIC OBJECTIVE 1: Increase the effectiveness of the humanitarian response through the coordination and information-sharing activities avoiding duplication of efforts and enabling humanitarians to make informed decisions. Relates to SO 2

INDICATOR	IN NEED	BASELINE	TARGET
Information Management and collaboration platform established and updated	N/A	N/A	1
ETS Local and Global coordination meetings convened	N/A	N/A	23
Accurate and timely IM products produced and shared	N/A	N/A	60
User satisfaction rate of ETS services	N/A	N/A	Over 80%

STRATEGIC OBJECTIVE 2: Collaborate with inter-sector initiatives aimed at improving affected communities' access to vital information and communication services on aid, safety and survival by providing advice to humanitarian organisations and implementing technical solutions. Relates to SO 1,2,3

INDICATOR	IN NEED	BASELINE	TARGET
Number of inter-sector information hubs where ETS will provide services and equipment	32	N/A	32
Number of FM radio stations upgraded by ETS	1	N/A	1
Number of humanitarian organizations using the ETS Connect mobile app as feedback mechanism	N/A	N/A	2

STRATEGIC OBJECTIVE 3: Enhance the existing security telecommunications services in the response areas so humanitarians can carry their jobs safely and efficiently and strengthen emergency preparedness mechanisms. Relates to SO 2

INDICATOR	IN NEED	BASELINE	TARGET
Number of common operational areas covered by common security telecommunications network	1	N/A	1
Number of Communications Centres (COMCEN) established / upgraded	1	N/A	1
Number of inter-agency, NGOs and Govt. organisations trained on ETS radio services	5	N/A	5
Number of emergency preparedness activities in coordination with the Government of Bangladesh	N/A	N/A	1

COMMUNICATION WITH COMMUNITIES (CWC)

Objective 1: Advocate with diverse partners and stakeholders to strengthen integration and coordination of CwC and community engagement initiatives to reduce duplication and enhance accountability to affected population Relates to SO 1

INDICATOR	IN NEED	BASELINE	TARGET
% of partners demonstrating that participating in the collective service for feedback has influenced course correction or response planning and programming	100%	0%	75%

Objective 2: Operationalize common and collective mechanisms so that life-saving or life enhancing information is provided to and feedback collected from affected communities using channels adapted to the context, gender and age.

INDICATOR	IN NEED	BASELINE	TARGET
% of people who report that they have information they need to make decision	80%	20 %	75%
% of people who consider feedback mechanisms accessible, understandable and effective.	100%	0.008%	50%

Objective 3: A consistent approach to language and literacy across the response improves two-way community engagement and support Rohingya refugees to develop their own survival strategy. Relates to SO 3

INDICATOR	IN NEED	BASELINE	TARGET
% of people who report that they have information they need to make decision	80%	20 %	75%
% of people who consider feedback mechanisms accessible, understandable and effective.			

COORDINATION

Objective 1: Ensure effective humanitarian response through strengthened inter-sector coordination at operational and strategic levels. Relates to SO 1, 2, 3

INDICATOR	IN NEED	BASELINE	TARGET
% of sectors that meet regularly	10	100%	100%
Number of SEG, Inter-Sector Coordination and district HoSO meetings held and minutes shared	n/a	n/a	100
Number of people in need disaggregated by sex and age receiving multi-sector assistance	1,300,000	900,000	1,300,000

Objective 2: Reinforce humanitarian community's ability to conduct humanitarian response through the establishment of a humanitarian hub and strengthened information management. Relates to SO 1, 2, 3

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of partners using the 4W system	150	78%	95%
Number of sitreps produced and shared, which include detailed sex, age and diversity disaggregated data and gender analysis from all sectors, and clearly identify gaps	n/a	n/a	40
Number of partners using the coordination hubs	n/a	20	45

Objective 3: Ensure effective advocacy and resource mobilization in support of the collective humanitarian response, including national and local partners

INDICATOR	IN NEED	BASELINE	TARGET
Percentage of increase of number of local partners present and active in coordination mechanisms	40 NNGOs	20	25%
Percentage of partners satisfied with support to advocacy and resource mobilization efforts	59	n/a	More than 80%
Percentage of humanitarian staff and volunteers, international and local, that are women	n/a	n/a	50%

ORGANIZATIONS AND FUNDING REQUIREMENTS

FOOD SECURITY

PEOPLE IN NEED	Bangladeshi Host Communities	Refugees in Camps & Settlements	Refugees in Host Communities
FOOD SECURITY 1,200,000 _{ppl}	40,000 _{ppl}	1,200,000 _{ppl}	25,000 _{ppl}
NUMBER OF ORGANIZATIONS	12	15	6


PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
ACT Alliance / Christian Aid	455,000
ACT Alliance / World Renew	767,000
Action Against Hunger	9,276,943
Agrajatra	946,322
Bangladesh Rural Advancement Committee	3,369,909
Caritas Bangladesh	888,758
COAST Trust	389,035
Concern Worldwide	194,015
Food & Agriculture Organization of the United Nations	9,800,000
Handicap International	1,140,000
International Organization for Migration	5,980,000
Non-Governmental Organization for National Goals to be Obtained and Retained	99,710
OXFAM GB	1,632,385
Prottiyashi	335,830
Relief International	450,000
Save the Children	1,490,094
Solidarités International (SI)	395,294
United Nations Development Programme	1,475,911
United Nations Entity for Gender Equality and the Empowerment of Women	910,000
World Food Programme	198,157,239
World Vision International	2,403,120
WorldFish	300,000
TOTAL	340,856,565

HEALTH

PEOPLE IN NEED	Bangladeshi Host Communities	Refugees in Camps & Settlements	Refugees in Host Communities
HEALTH 1,300,000 _{ppl}	90,000 _{ppl}	412,980 _{ppl}	90,000 _{ppl}
NUMBER OF ORGANIZATIONS	17	25	11

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
ACT Alliance / Christian Commission for Development in Bangladesh	1,600,000
Action Against Hunger	755,042
Agrajatra	794,528
Bangladesh Rural Advancement Committee	8,884,177
CARE International	1,800,000
COAST Trust	726,667
Fasiuddin Khan Research Foundation	170,000
Gonoshasthaya Kendra	642,570
Handicap International	725,250
Health and Education for All	1,314,075
HelpAge International UK	1,130,437
HOPE Foundation for Woman and Children of Bangladesh	238,500
HumaniTerra International	586,025
Integrated Social Development Effort Bangladesh	134,145
International Organization for Migration	17,792,307
Migrant Offshore Aid Station	1,205,000
Peace Winds Japan	495,000
Prottiyashi	550,000
PULSE - Bangladesh	275,000
Relief International	3,000,000
Resource Integration and Social Development Association in Bangladesh	145,000
Samaritan's Purse	2,266,615
Save the Children	6,549,307
Terre des Hommes - Lausanne	748,926
United Nations Children's Fund	21,302,016
United Nations High Commissioner for Refugees	13,823,477
United Nations Population Fund	10,000,000
World Concern	477,650
World Health Organization	14,954,578
TOTAL	113,086,292

SHELTER AND NON-FOOD ITEMS

PEOPLE IN NEED	Bangladeshi Host Communities	Refugees in Camps & Settlements	Refugees in Host Communities
 SHELTER & NFI 909,000 _{ppl}	50,000 _{ppl}	780,500 _{ppl}	78,500 _{ppl}
NUMBER OF ORGANIZATIONS	8	23	7

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
ACT Alliance / Christian Aid	314,032
ACT Alliance / DanChurchAid	1,027,704
Action Against Hunger	1,492,923
ActionAid	660,170

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
Agrajatra	2,189,511
Anando (Promotion of Culture and Youth Resource Development)	134,800
Bangladesh Rural Advancement Committee	12,576,093
CARE International	973,945
Caritas Bangladesh	3,245,819
Friends in Village Development Bangladesh	1,613,465
Handicap International	1,540,000
Integrated Social Development Effort Bangladesh	373,579
International Organization for Migration	45,137,250
Mukti Cox's Bazar	10,418,965
OBAT Helpers	553,000
Resource Integration and Social Development Association in Bangladesh	931,000
Samaj Kalyan O Unnayan Shangstha	266,139
Save the Children	2,516,196
Society for Health Extension and Development	300,000
Solidarités International (SI)	2,038,073
United Nations High Commissioner for Refugees	45,118,608
World Concern	619,710
World Vision International	2,585,272
TOTAL	136,626,254

SITE MANAGEMENT

PEOPLE IN NEED	Bangladeshi Host Communities	Refugees in Camps & Settlements	Refugees in Host Communities
SITE MANAGEMENT 949,000 _{ppl}	65,000 _{ppl}	774,000 _{ppl}	110,000 _{ppl}
NUMBER OF ORGANIZATIONS	3	6	5

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
Bangladesh Rural Advancement Committee	3,000,000
CARE International	774,778
Danish Refugee Council	2,270,000
HELVETAS	558,334
International Organization for Migration	76,656,752
Solidarités International (SI)	223,629
United Nations Development Programme	1,239,316
United Nations High Commissioner for Refugees	43,622,175
World Food Programme	3,100,000
TOTAL	131,444,984

WATER, SANITATION AND HYGIENE

PEOPLE IN NEED	Bangladeshi Host Communities	Refugees in Camps & Settlements	Refugees in Host Communities
WASH 1,300,000 _{ppl}	172,200 _{ppl}	591,800 _{ppl}	224,400 _{ppl}
NUMBER OF ORGANIZATIONS	7	10	7
PARTICIPATING ORGANIZATION			REQUIREMENTS (US\$)
ACT Alliance / Christian Aid			1,439,361
Action Against Hunger			7,515,555
Bangladesh Rural Advancement Committee			23,310,187
CARE International			1,097,494
COAST Trust			604,270
Danish Refugee Council			1,652,682
Friends in Village Development Bangladesh			34,000
International Organization for Migration			25,804,823
OBAT Helpers			602,000
OXFAM GB			3,300,000
Save the Children			472,823
Solidarités International (SI)			3,448,000
Terre des Hommes - Lausanne			372,370
United Nations Children's Fund			33,908,483
United Nations High Commissioner for Refugees			31,439,122
World Vision International			1,687,469
TOTAL			136,688,639

PROTECTION

PEOPLE IN NEED	Bangladeshi Host Communities	Refugees in Camps & Settlements	Refugees in Host Communities
PROTECTION 923,590 _{ppl}	64,100 _{ppl}	749,500 _{ppl}	110,000 _{ppl}
NUMBER OF ORGANIZATIONS	7	8	5
CHILD PROTECTION 923,590 _{ppl}	11,590 _{ppl}	584,923 _{ppl}	5,450 _{ppl}
NUMBER OF ORGANIZATIONS	7	9	6
GENDER BASED VIOLENCE 923,590 _{ppl}	16,320 _{ppl}	26,170 _{ppl}	6,730 _{ppl}
NUMBER OF ORGANIZATIONS	3	7	5

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
ACT Alliance / Christian Aid	165,360
Bangladesh Rural Advancement Committee	359,559
Caritas Bangladesh	180,818
Danish Refugee Council	663,189
Handicap International	569,493
HelpAge International UK	845,000
International Organization for Migration	2,204,200
Office of the High Commissioner for Human Rights	490,608
Prottiyashi	229,832
Solidarités International (SI)	73,900
United Nations Development Programme	2,925,000
United Nations Entity for Gender Equality and the Empowerment of Women	1,166,500
United Nations High Commissioner for Refugees	24,291,394
United Nations Human Settlements Programme (UN-HABITAT)	250,000
TOTAL	34,414,853

CHILD PROTECTION

PARTICIPATING ORGANIZATION	TARGET
Bangladesh Rural Advancement Committee	409,498
Caritas Bangladesh	225,883
Danish Refugee Council	142,493
International Organization for Migration	220,803
Plan International	535,000
Save the Children	1,992,645
Terre des Hommes - Lausanne	286,830
United Nations Children's Fund	10,246,500
United Nations High Commissioner for Refugees	4,652,572
World Concern	195,012
World Vision International	140,718
TOTAL	19,047,953

GENDER-BASED VIOLENCE

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
ACT Alliance / Christian Commission for Development in Bangladesh	345,736
ACT Alliance / DanChurchAid	448,126
Action Against Hunger	455,268
International Organization for Migration	1,540,500
Relief International	354,000
United Nations Children's Fund	2,267,600
United Nations High Commissioner for Refugees	6,330,758
United Nations Population Fund	6,241,000
World Vision International	390,643
TOTAL	18,373,631

EDUCATION

PEOPLE IN NEED	Bangladeshi Host Communities	Refugees in Camps & Settlements	Refugees in Host Communities
EDUCATION 540,000 _{ppl}	115,000 _{ppl}	410,000 _{ppl}	15,000 _{ppl}
NUMBER OF ORGANIZATIONS	9	10	4
PARTICIPATING ORGANIZATION			REQUIREMENTS (US\$)
ACT Alliance / DanChurchAid			583,924
Bangladesh Rural Advancement Committee			3,463,159
COAST Trust			349,771
Danish Refugee Council			700,000
Dhaka Ahsania Mission			499,914
Friends in Village Development Bangladesh			144,817
Plan International			1,252,257
Save the Children			5,323,500
United Nations Children's Fund			25,146,753
United Nations High Commissioner for Refugees			9,108,512
Voluntary Service Overseas			747,000
TOTAL			47,319,607

NUTRITION

PEOPLE IN NEED	Bangladeshi Host Communities	Refugees in Camps & Settlements	Refugees in Host Communities
NUTRITION 318,778 _{ppl}	68,500 _{ppl}	242,492 _{ppl}	7,786 _{ppl}
NUMBER OF ORGANIZATIONS	5	9	1
PARTICIPATING ORGANIZATION			REQUIREMENTS (US\$)
Action Against Hunger			3,259,686
Bangladesh Rural Advancement Committee			200,760
Concern Worldwide			124,757
Gonoshasthaya Kendra			236,950
Relief International			250,000
Save the Children			2,283,143
United Nations Children's Fund			18,930,503
United Nations High Commissioner for Refugees			5,421,464
World Concern			765,057
World Food Programme			25,000,000
World Vision International			249,782
TOTAL			56,722,102

LOGISTICS

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
Handicap International	280,000
World Food Programme	3,346,042
TOTAL	3,626,042

EMERGENCY TELECOMMUNICATIONS

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
World Food Programme	1,200,000
TOTAL	1,200,000

COMMUNICATION WITH COMMUNITIES (CWC)

PEOPLE IN NEED	Bangladeshi Host Communities	Refugees in Camps & Settlements	Refugees in Host Communities
CWC 913,000 _{ppl}	252,000 _{ppl}	663,750 _{ppl}	300,000 _{ppl}
NUMBER OF ORGANIZATIONS	3	4	2

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
ACT Alliance / Christian Aid	380,000
Alliance for Cooperation and Legal Aid Bangladesh	179,000
Bangladesh Rural Advancement Committee	799,922
BBC Media Action	1,610,793
COAST Trust	400,000
International Organization for Migration	1,250,000
United Nations Children's Fund	1,250,000
TOTAL	5,869,715

COORDINATION

PARTICIPATING ORGANIZATION	REQUIREMENTS (US\$)
International Organization for Migration	2,811,491
United Nations Entity for Gender Equality and the Empowerment of Women	148,000
United Nations High Commissioner for Refugees	1,858,077
United Nations Human Settlements Programme (UN-HABITAT)	740,000
TOTAL	5,557,568

